MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04454

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pine Mercury Hosp 16 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 16 Fusting Ave

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Brown (Last) Alrich

4. DATE OF DEATH (Month) May (Day) 16th (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 28th 1862
9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid
10b. KIND OF BUSINESS OR INDUSTRY Nursing Home
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Morgan Brown
14. MOTHER'S MAIDEN NAME Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT E. B. Alrich AUGUSTA, Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal Obstruction	5 da.
Antecedent cause(s)	(b) Ca. of Colon	5 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Uncomplicated Fracture left hip	4 yr.

153
46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 17, 1949, to May 16, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 5.40 a. m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Fallages (Degree or title) M.D. ADDRESS Catonsville, Md. DATE SIGNED 5-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/18/49
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 5/18/49
REGISTRAR'S SIGNATURE A. W. Hegner
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04455

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARYLAND

1. PLACE OF DEATH: COUNTY Baltimore Co | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Woodlawn | LENGTH OF STAY (in this place) 7 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS 5313 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Baltimore Co | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Woodlawn | STREET ADDRESS (If rural give location) 5313 Windsor Mill Rd

3. NAME OF DECEASED (Type or Print): (First) Newell | (Middle) Hancock | (Last) Ames

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 13, 1884

9. AGE last birthday: 64 yrs. | If under 1 year: Months 11 Days 9 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY: Commercial Bldg

11. BIRTHPLACE (State or foreign country): Accomac Co Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah M. Ames

14. MOTHER'S MAIDEN NAME: Vandalia E. Mears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-09-6917

17. INFORMANT: Family Bible

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 **Immediate cause** (a) Carcinoma of Left Lung — Interval Between Onset and Death: 1½ yrs

Antecedent cause(s)

470 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tertiary Syphilis — ?

19a. DATE OF OPERATION: No Operation | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 19 48, to May 22, 19 49, that I last saw the deceased alive on May 20, 19 49, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Joshua H. Armacost M.D. | 6419 Windsor Mill Rd Baltimore 7 Md | May 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5/24/49 | NAME OF CEMETERY OR CREMATORY: Lorraine Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 5/23/49 | REGISTRAR'S SIGNATURE: D W Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS | ADDRESS: Balto., Md.

DR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04456

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore-7~~
LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2503 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore-7~~
STREET ADDRESS (If rural, give location) 2503 Poplar Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mildred Alice Balderson

4. DATE OF DEATH (Month) (Day) (Year) May 15 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 2-14-1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Bolton
14. MOTHER'S MAIDEN NAME Irene Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Lewis · Sparks. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gas poisoning — INTERVAL BETWEEN ONSET AND DEATH: about 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

9734
163x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE A. D. Caples Med. Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 5-19-'49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF May-20/49 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 5/20/49 REGISTRAR'S SIGNATURE A. W. Hedrick 24. FUNERAL DIRECTOR H. B. Wippert & Son ADDRESS 1300 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

17

114457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York Rd. R.F.D 8

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — Rural
STREET ADDRESS (If rural, give location): York Rd — R.F.D. # 8

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) J. (Last) Bamberger

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 8/15/83 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: Retail Shop | 11. BIRTHPLACE (State or foreign country): Balto. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph W. Bamberger | 14. MOTHER'S MAIDEN NAME: Virginia Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): — | 16. SOCIAL SECURITY NO.: 215-01-9560 | 17. INFORMANT: Edwin K. Foster York Rd. Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Embolism — Interval Between Onset and Death: 3 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Chronic Rheumatic Heart Disease auricular Fibrillation, Mitral and aortic Stenosis, Pulmonary Edema — 30 years

(c):

410 92b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1943, to May, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William F Pearce MD | ADDRESS: 2105 N Charles St | DATE SIGNED: May 16, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5/17/49 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5/17/49 | REGISTRAR'S SIGNATURE: A.W. Hedrick | 24. FUNERAL DIRECTOR: Wm Cook Inc. | ADDRESS: 127 St. Paul St.

04458

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40" Mill Beth Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural, give location) 7915 Elmhurst ave.

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) (Last) Barbernitz
4. DATE OF DEATH (Month) May (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 10, 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Beth Steel Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Michael P. Barbernitz
14. MOTHER'S MAIDEN NAME Suzanne Menger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John P. Barbernitz - 7915 Elmhurst Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

912.3 186a

Immediate cause (a) Crushed Chest anterior + posterior — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with multiple fractures ribs

(c) with punctured lungs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Severe brush burns Chest + back — no

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory.
(CITY OR TOWN) Sparrow Point (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) 5 (Day) 18 (Year) 49 (Hour) 10 50 A.M.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell off Crane runway across steel column

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P. McCarmine, M.D. (Degree or title) Deptg ADDRESS Medical Examiner Balto. DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/21/49
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) 4430 Belair Rd. Balto. Md. (State)

DATE REC'D BY LOCAL REG. 5/20/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04459

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md. | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5637 Oregon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md.
STREET ADDRESS (If rural give location) 5637 Oregon Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Bartlett

4. DATE OF DEATH: (Month) May (Day) 28th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1/28/1879

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): New Castle Delaware

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) –

16. SOCIAL SECURITY NO. –

17. INFORMANT: Mrs Frieda Bartlett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Tongue — Interval between onset and death: 3 mons

141 Antecedent cause(s)

45 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic heart disease — 24 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1948 to 5/28, 1949, that I last saw the deceased alive on 5/28, 1949 and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Benjamin Miller MD — 2030 Wilkens ave — 5/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/1/49 | NAME OF CEMETERY OR CREMATORY: Meadowridge Mem Pk | LOCATION (City, town, or county) (State): Washington Blvd Dorsey Md

DATE REC'D BY LOCAL REG. 6/31/49 | REGISTRAR'S SIGNATURE: A. W. Hefner

24. FUNERAL DIRECTOR: John J. Gordon & Son | ADDRESS: Hollins

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 24 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Ridge Road	STREET ADDRESS (If rural give location) 8 Ridge Road

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Viola	(Last) Bauer	4. DATE OF DEATH	(Month) May (Day) 2nd. (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 16, 1873	9. AGE last birthday 75 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Dobbin		14. MOTHER'S MAIDEN NAME Caroline Peregoy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. John A. Bauer, Sr.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 Immediate cause	(a) Carcinomatosis, generalized	2 yrs.
Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, breast, right (amputated)	8 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic heart disease	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. W. Haver M.D		1 Mallow Hill ave., Baltimore, Md	5/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5-5-49	NAME OF CEMETERY OR CREMATORY Holy Redeemer	LOCATION (City, town, or county) Baltimore, (State) Md.
DATE REC'D BY LOCAL REG. 5/3/49	REGISTRAR'S SIGNATURE A. W. Hedrich JS	24. FUNERAL DIRECTOR G. Howard Strong	ADDRESS 3207 W. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Md. LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Stevenson Road

3. NAME OF DECEASED (Type or Print)	(First) HANNAH	(Middle) C,	(Last) BEALL	4. DATE OF DEATH	(Month) May	(Day) 25th	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 11, 1873	9. AGE last birthday 75 yrs.	If under 1 year Months 10	Days 14	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis Cardwell		14. MOTHER'S MAIDEN NAME Anne J. Dilworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Osborne Beall	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of left ovary

175 Antecedent cause(s) with Metastasis to the entire

49a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Abdominal Cavity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH: First symptoms began Oct 1948

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 6, 1949, to May 25, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. E. Nichols	MD	Pikesville 8 Md	5-26-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 5/27/49	NAME OF CEMETERY OR CREMATORY Druid Ridge	LOCATION (City, town, or county) (State) Pikesville, Md.
DATE REC'D BY LOCAL REG. 5/26/49	REGISTRAR'S SIGNATURE Dr E E Nichols	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

RC 04462

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3042 Woodside Ave. Parkville | LENGTH OF STAY (in this place) Sats 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 3106 Evergreen Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Lee (Last) Benson
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 10, 1879
9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Mercantile Appraiser
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elias M Benson
14. MOTHER'S MAIDEN NAME: Ella Grace Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-09-5626
17. INFORMANT: Mrs. Etta J. Benson - 3106 Evergreen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, coronary vascular, with occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	unknown
	(c)	

420.1 Pt a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Collins C. Hudson MD. D.M.E. Towson Md 5/3/49

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 5/ /49
NAME OF CEMETERY OR CREMATORY Mr. Olivet
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5/4/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Leonard J. Cusk ADDRESS 5305 Harford

8

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04463

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown Md. — LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon, Maryland
STREET ADDRESS (If rural give location) 118 Butler Road

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) E (Last) BERGER
4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4 Dec. 1870
9. AGE last birthday 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown.
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. none.
17. INFORMANT Mrs Emily B. Kooken

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Cardio Vascular Renal Disease

(c) Carcinoma prostate. — About 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1949, to 11 May, 1949, that I last saw the deceased alive on 9 May, 1949, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE Thomas C. Webster (Degree or title) M-D — ADDRESS 901 St. Paul St. Balto. Md — DATE SIGNED 5-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE May 14, 1949 — NAME OF CEMETERY OR CREMATORY Green Mount — LOCATION (City, town, or county) Philadelphia, Pa. (State)

DATE REC'D BY LOCAL REG. 5.11-49 — REGISTRAR'S SIGNATURE Mary B. Eline. — 24. FUNERAL DIRECTOR J. F. Eline. Sons — ADDRESS Reisterstown, Md.

RECEIVED
MAY 14 1949
BUREAU V. S.

CLAIM NO. G 120 JUN 22 1949 **CERTIFICATE OF DEATH** Registered No. 14464

STATE FILE NO. indicates evidence for change of age.

1. NAME OF DECEASED (Type or Print): Harry F. Blankner, Sr.

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5200 Leeds Ave.
C. Length of stay in ~~Baltimore~~ Arbutus 25 Yr s (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbutus
D. STREET ADDRESS (If rural, give location): 5200 Leeds Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	June 19, 1889	59 ~~64~~	11	29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Business
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Beauregard Blankner
14. MOTHER'S MAIDEN NAME: Anna Brushmiller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frieda E. Blankner, ADDRESS: 5200 Leeds Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

443 9-3-49

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Cerebral hemorrhage — 5 wks

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Mills M. D.
23B. ADDRESS: 1030 Wilkens ave
23C. DATE SIGNED: 5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/24/49
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: 5/25/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: Fred H. Cole
ADDRESS: 1200 W. Lombard St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04465

CERTIFICATE OF DEATH BC

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
STREET ADDRESS (If rural give location): 1449 Hull st. ✓

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Connie (Last) Boswell

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: Feb. 28, 1918

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: America

13. FATHER'S NAME: James E. Ross

14. MOTHER'S MAIDEN NAME: Mary Morling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-03-9239

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: 14 mo.

130 **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1st, 1949, to May 15, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 4:20 A. m., from the causes and on the date stated above.

SIGNATURE: W. C. Bridges — (Degree or title) M.D. — ADDRESS: Eudowood Sanatorium, Towson 4, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-18-49 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county): A. A. Co. — (State)

DATE REC'D. BY LOCAL REG.: 5/16/49 — REGISTRAR'S SIGNATURE: A. W. Hedgecock

24. FUNERAL DIRECTOR — ADDRESS: Chas F. Dill 1501 E. Fort Ave.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04466

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7115 Rich Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 7115 Rich Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Boyer
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH July 19, 1863
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri (St. Genevieve)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carl Weiss
14. MOTHER'S MAIDEN NAME -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr. Henry A. Weil - 7115 Rich Hill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic heart disease & auricular	several months
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis generalized	several years
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aphasia — several months

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from March, 1949, to May 6th, 1949, that I last saw the deceased alive on May 4th, 1949, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Chatard M.D. ADDRESS 1300 N. Calvert St. DATE SIGNED 5-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/7/49
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 5/6/49
REGISTRAR'S SIGNATURE A. W. Hedgcock
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04467

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 43 S. Prospect ave

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) M. (Last) Breitenother

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-22-57

9. AGE last birthday: 91 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Germany.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Ochs.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Frederick Breitenother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilitation — 1 hour

443 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-vascular disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Glassman ADDRESS 753 W. Fayette St DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-20-49 | NAME OF CEMETERY OR CREMATORY Western Cem | LOCATION (City, town, or county) Balto. | (State) Md

DATE REC'D BY LOCAL REG. 5/18 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Geo. L. Berger & Sons | ADDRESS 512 Hollins St Balto. 23 Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04468

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RASPEBURG Kenwood Ave
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4516 Kenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 4516 Kenwood Ave

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Brocato

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 17 1872
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Simon Brocato
14. MOTHER'S MAIDEN NAME Anna Brocato

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Josephine C. Brocato

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, bladder & prostate — INTERVAL BETWEEN ONSET AND DEATH About 1 yr.

199.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1948, to May 21, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE A. M. Bacon (Degree or title) M.D. ADDRESS 2810 Taylor Ave. DATE SIGNED 5/23/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY 24 194
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
LOCATION (City, town, or county) 4300 BELAIR RD (State) MD.

DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Dippel Bros ADDRESS 7110 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04469

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dayton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Iglehart (Last) Brown

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-9-1872

9. AGE: Last birthday 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm.W.Iglehart

14. MOTHER'S MAIDEN NAME: Mary Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George N.Brown, Dayton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 months

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — 3 years

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1949, to 5-25, 1949, that I last saw the deceased alive on 5-24, 1949, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George E. Burgdorf M.D. Ellicott City, Md. 5-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 5-28-49
NAME OF CEMETERY OR CREMATORY: Mt.Zion
LOCATION (City, town, or county) (State): Highland, Md.

DATE REC'D BY LOCAL REG. 5/28/49

REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR ADDRESS: F.C.Higinbothom, Ellicott City, Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04470

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred: 1525 Arbutus Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto

City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No. 1525 Arbutus Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Emma Amelia Brunier

3. (b) Social Security Number 215-10-3194

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 22, 1883

8. AGE: Years 65 Months 9 Days 7 If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Sales Lady

11. Industry or business Brager-Isenbergs (Retired)

FATHER 12. Name Charles H. Brunier

13. Birthplace Germany

MOTHER 14. Maiden name Emma A. Wilhelm

15. Birthplace Germany

16. Informant Charles B. Knode

Address 1525 Arbutus Ave Halethorpe

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 1949 (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore

18. Funeral director Frederick H. Cole

Address 1200 W. Lombard St

19. 5/31/49 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1949 at 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1949, to May 29 1949 and that I last saw her alive on May 28 1949

Immediate cause of death Carcinoma of uterus & cervix & general carcinomatosis — DURATION 1 yr

Due to

Due to Myocardial insuff — 2 wks

Other conditions 171 48a (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Brumbaugh M. D. or other

Address 5609 Main St Elkridge 27 Md Date signed 5/29/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04471

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md. | LENGTH OF STAY (in this place) 12yr 2mo 12da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville, Maryland
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Burch
4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/25/1882
9. AGE last birthday: 66 yrs. If under 1 year: Months 7 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elzie Adair
14. MOTHER'S MAIDEN NAME: Charity Southern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Spring Grove Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis — 34 days

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — indefinite

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/1937, to 5/31/1949, that I last saw the deceased alive on 5/31, 1949, and that death occurred at 6:05 a. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M. D. (Degree or title) | ADDRESS Spring Grove State Hospital, Catonsville 28, Md. | DATE SIGNED 5/31/49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 6/3/49 | NAME OF CEMETERY OR CREMATORY St Marys Pr | LOCATION (City, town, or county) (State) Bryantown Md

DATE REC'D BY LOCAL REG. 5/31/49 | REGISTRAR'S SIGNATURE T. E. Harris | 24. FUNERAL DIRECTOR Hamett & Ryon | ADDRESS Waldorf Md

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04472 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1819 Aliceanna St.

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) (Last) CEIGLESKI

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-1-90

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Ceigleski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.Vets.Adm. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EDEMA — 3 days

002 130 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL VASCULAR ACCIDENT — 3 days

(c) PULMONARY TUBERCULOSIS — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION — 1 year; PSYCHOPATHIC PERSONALITY — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1949, to 5-4, 1949, that I last saw the deceased alive on 5-4, 1949, and that death occurred at 6:05 Pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Manaugh, M. D., CHIEF, PROFESSIONAL SERVICES, FORT HOWARD, MARYLAND 5-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5/9/49 | NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/6/49 | REGISTRAR'S SIGNATURE: A. W. Hadyeh | 24. FUNERAL DIRECTOR ADDRESS: Blight Funeral Home 6009 Harford Road, Howard N. Blight Jr. Baltimore, Maryland

Evidence for change of age is on:

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 04493

BIRTH NO. MAR 6 120 JUN 15 1949

1. NAME OF DECEASED (Type or Print): William C. Chilcoat

2. DATE OF DEATH: 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 8198 Dogwood Drive.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Inverness - Balto - Co. Md
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inverness
D. STREET ADDRESS (If rural, give location): 8198 Dogwood Drive.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/14/96
9. AGE (In years last birthday): 52 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto - Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. A. Chilcoat
14. MOTHER'S MAIDEN NAME: Emma J. Parsons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Helen Chilcoat. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Heart Failure	12 hrs
DUE TO (B)	Coronary Thrombosis	1 week
DUE TO (C)	Pulmonary Tuberculosis	1 1/2 yrs

002
13b

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1949, *to* May 31, 1949, *that I last saw the deceased alive on* May 31, 1949, *and that death occurred at* 10P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stephen C. Mackowiak M. D.
23B. ADDRESS: 6714 Holabird Ave
23C. DATE SIGNED: 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June-4-49
24C. NAME OF CEMETERY OR CREMATORY: Loupon Park Cem.
24D. LOCATION (City, town, or county) (State): Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR: 6/2/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: Thomas J. Kenny Inc. ADDRESS: 1600 Hollins St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04474

Reg. Diat. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore County

City or town: Oak Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: **********

How long in hospital or institution? **********

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Oak Park (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1941 Belle Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: HARRY S. CLAZEY

3. (b) Social Security Number: 220-07-3829

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife: GERTRUDE E. CLAZEY

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 13, 1901

8. AGE: Years	Months	Days	If less than one day
47	5	10	********** hrs. ********** min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Monumental Distillery

FATHER — 12. Name: Harry Clazey

FATHER — 13. Birthplace: Baltimore Maryland

MOTHER — 14. Maiden name: Florence Ely

MOTHER — 15. Birthplace: Maryland

16. Informant: Gertrude E. Clazey (wife)

Address: 1941 Belle Ave. Oak Pk. Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: MAY 25/49 (month) (day) (year)

Cemetery or crematory: LOUDON PARK CEMETERY

Location: BALTIMORE MARYLAND

18. Funeral director: F. B. Michael & Son

Address: 1300 EUTAW PLACE....17

19. 5/25/49 19.... (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY 23 49 19.... at 6.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 to May 23 19 49

and that I last saw him alive on May 19 19 49

Immediate cause of death	DURATION
Acute Myocardial failure	3 wk.
Due to Chronic Myocarditis with Hypertension	2 yr.
Due to	
Other conditions	

443
93d

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. S. Larson, M. D. M. D. or other

Address: 171 Selma Ave. 27 Date signed: 5/24/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04475

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Baltimore
LENGTH OF STAY (in this place): Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rev. Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 232 S. Highland Avenue

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) K. (Last) COOK

4. DATE OF DEATH: (Month) 5/ (Day) 16/ (Year) 49 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 26, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Ebenbach

14. MOTHER'S MAIDEN NAME: Amolie Bauerschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. John Cook-23 Waterview Rd. -22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	35 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (443 / 93d)	(b) Cerebro-Vascular accident	35 MIN.
	(c) Hypertensive Cardio-Vascular Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 19 49, to 5/16, 19 49, that I last saw the deceased alive on 5/16, 19 49, and that death occurred at 4 35 P m., from the causes and on the date stated above.

SIGNATURE: Paul R. Zeigler (Degree or title) ADDRESS: DATE SIGNED: 5/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5/19/49
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/19/49
REGISTRAR'S SIGNATURE: A. W. Fedus

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE - 13, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04476

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Parkville Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7711 OLD Harford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 7711 OLD HARFORD Road.

3. NAME OF DECEASED (Type or Print) (First) MARION (Middle) F. (Last) Crosby
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 15-1889
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) A.A.Co
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Crosby
14. MOTHER'S MAIDEN NAME VA Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-3638
17. INFORMANT Ruby G Crosby - 7711 Old Harford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Cerebral Hemorrhage (probably in ventricles) — ½ hour

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — several

(c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION No.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No
(CITY OR TOWN) BALTIMORE (COUNTY) BALTO. (STATE) 14, Md
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ No
HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from Sept, 1947, to May 6, 1949, that I last saw the deceased alive on April 30, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert R. Williams M.D. ADDRESS 2515 Taylor Ave. DATE SIGNED Balto 14 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/9/49
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. 5/9/49
REGISTRAR'S SIGNATURE A. W. Hedrick JS
24. FUNERAL DIRECTOR Leonard J. Ruck - 5305 Harford Rd. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04477

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Balto. · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Towson · LENGTH OF STAY (in this place): 1 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8525 Chestnut Oak Rd	STREET ADDRESS (If rural give location): 8525 Chestnut Oak Rd. Towson

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grace	R.	Curry	5	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	1/4/76	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Vermont	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lahue	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Mrs. Ralph S. Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolus.	Sudden.
416 Antecedent cause(s)		
95b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease (History of)	Unknown.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Chas. H. Greene Jr. M.D. Deputy Medical Examiner - Md.		

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/18/49	Forrest Lawn	Buffalo	N.Y

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 13/49	Mrs A. L. Reynolds	Lansdale Funeral Home	7401 Belair Rd

RECEIVED
MAY 19 1942
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 114478

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22; LENGTH OF STAY (in this place) 4; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3146 Rt. 3.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Oliver	Henry	Davis.	May	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White.	Married	July 9 1879	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draughtsman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Aberdeen Prov. G.
11. BIRTHPLACE (State or foreign country): Niagara Falls N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Horatio Davis.
14. MOTHER'S MAIDEN NAME: Eliza Day.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Hermogenere Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage,	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) c Hemiplegia.	2 Days.
	(c) Arteriosclerosis.	over 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dementia 1½ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY OR Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-19-49-9 A m. INJURY OCCURRED While at work ☐ Not while work ☐ HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. Carmine M.D. Dept. Medical Examiner Balto. 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	May 23-49	Loudon Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/20/49	Henry Cruse	John B. Connelly	Essex

RECEIVED
JUN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04479

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | STREET ADDRESS (If rural give location) 7 Madeline Ave

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Louis (Last) Deckert

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 6 1881

9. AGE last birthday: 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Coverer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Deckert

14. MOTHER'S MAIDEN NAME: Mary Marie Krach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 215-09-0499A

17. INFORMANT: Barbara M. Deckert 7 Madeline Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung, left lower lobe — Interval between onset and death: 1½ yr

163
47d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1948, to May 4, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam Lewis, M.D. 6232 Belair Road, May 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 7-49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem | LOCATION (City, town, or county) (State): 4300 Belair Rd Balto Md

DATE REC'D BY LOCAL REG. May 5-1949 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Doppel Bros. 7110 Belair Rd.

VS. A15

(1949 Revision of Standard Certificate)

CERTIFICATE OF DEATH

0448

Form approved. Budget Bureau No. 68-R378.

BIRTH NO. | STATE OF MARYLAND | STATE FILE NO. 30

1. PLACE OF DEATH
a. COUNTY: Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): House of Pines - Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Md.
b. COUNTY: Balto.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glen Arm -
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Harry c. (Last) Dentry

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. - 1865

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm -

11. BIRTHPLACE (State or foreign country): Balto - Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dr. Henry H. Dentry

14. MOTHER'S MAIDEN NAME: Elizabeth Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Chas. G. Dentry - 820 Argyle Ave. - Balto

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, osthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a):

ANTECEDENT CAUSES
Morbid conditions, if ony, giving rise to the above cause (a) stating the underlying couse lost.
DUE TO (b): Cerebral Hemorrhage
DUE TO (c): Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

INTERVAL BETWEEN ONSET AND DEATH

331
335

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1946, *to* 11 May, 1949, *that I last saw the deceased alive on* 11 May, 1949, *and that death occurred at* 3:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norton Strutt MD

23b. ADDRESS: 717 Park Ave.

23c. DATE SIGNED: 13 May 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 16-1949

24c. NAME OF CEMETERY OR CREMATORY: St. John's

24d. LOCATION (City, town, or county) (State): Hyde - Balto. Co. - Md.

DATE REC'D BY LOCAL REG.: 5/13/49

REGISTRAR'S SIGNATURE: Wm Hedrick

25. FUNERAL DIRECTOR: Stewart Morris Co - Balto Md.

ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. Ba 04481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westowne
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1016 Pine Heights Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma Barbara (Middle) (Last) Dewling

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank B. Butler

14. MOTHER'S MAIDEN NAME: Elizabeth Eisenhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. George T. Dewling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: 3 days

330 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13 19 49, to May 16 19 49, that I last saw the deceased alive on May 15, 19 49, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: James Stowell (Degree or title) ADDRESS: Baltimore DATE SIGNED: 5/17

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5-19-49 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county): Woodlawn, (State): Md.

DATE REC'D BY LOCAL REG.: 5/17/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

JS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Psc 04482

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4yr-11mo-19das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) Baltimore City Hospital

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Agatha (Last) Doroba
4. DATE OF DEATH (Month) 5 - (Day) 20 - (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 2-5-1863
9. AGE last birthday 86 yrs. If under 1 year Months 3 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook
10b. KIND OF BUSINESS OR INDUSTRY food
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME ? Benek
14. MOTHER'S MAIDEN NAME Mary Stanek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary oedema	5 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	indefinite
	(c) Degnerative myocarditis	"

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, left — year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1945, to 5-20, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS DATE SIGNED
Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland 5-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 24-49
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) (State) Balto. Co
DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE AW Hedrick
24. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern ave

MARYLAND STATE DEPARTMENT OF HEALTH

04483

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4102 Lowell Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location): 4102 Lowell Drive

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Raymond (Last) Doyle

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Sales Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: DiGiorgio Fruit Corp.

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Jos. Doyle

14. MOTHER'S MAIDEN NAME: Mary Rose McCann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1911?

16. SOCIAL SECURITY NO.: 107-18-8423

17. INFORMANT: Raymond T. Doyle (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Disease — 4 wks.

420.1 94a

Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing tn the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title): M.D. Deputy Med. Exam. ADDRESS: Reisterstown, Md DATE SIGNED: 5-16-'49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May-17-1949
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG.: 5-17-49
REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR ADDRESS: Frank H. Newell, Pikesville, Md

RECEIVED
MAY 18 1949
BUREAU V. S.

Evidence for addition in 18b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(BC) 114484

FILM No. G 120 JUL -5 1949

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural give location): 349 E. 21st Street ✓

3. NAME OF DECEASED (Type or Print): (First) Audrey (Middle) Dugole (Dogele) (Last)

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 30, 1906

9. AGE last birthday: 42 yrs. If under 1 year Months: 6 Days: 19 If under 24 hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book binder

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William F. Wilson

14. MOTHER'S MAIDEN NAME: Annie Beale Emery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia, undiagnosed	Indef.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition due to Chronic alcoholism	Indef.
	(c) Decubiti	Indef.

3221
77d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 11:55 p. m., from the causes and on the date stated above.

SIGNATURE: Isadore Turk, M.D. (Degree or title): M.D. ADDRESS: Catonsville-28-Maryland DATE SIGNED: 5/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 5/23/49 NAME OF CEMETERY OR CREMATORY: Moreland Park LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG.: May 21 1949 REGISTRAR'S SIGNATURE: R.W. A. W. Skedrick

24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04485

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
STREET ADDRESS (If rural give location): Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H. (Last) DUNTY, Sr.

4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 6/29/91

9. AGE last birthday: 57 yrs. If under 1 year: Months 10 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Dunty

14. MOTHER'S MAIDEN NAME: Elizabeth Ransom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Della Dunty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 15 minutes

Antecedent cause(s) 422.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932

(b) Arteriosclerotic Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1949, to 5/8, 1949, that I last saw the deceased alive on 5/2, 1949, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. J. Battaglia M.D. — ADDRESS: 5829 Belair Rd — DATE SIGNED: 5/9/49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: May 11-49 — NAME OF CEMETERY OR CREMATORY: Fork Methodist — LOCATION (City, town, or county) (State): Fork, Md.

DATE REC'D BY LOCAL REG.: May 10 1949 — REGISTRAR'S SIGNATURE: Mrs G. L. Reynolds

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

04486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2507 Hammonds Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne - rural Baltimore
STREET ADDRESS (If rural, give location): 2507 Hammonds Ferry Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) BAYARD (Last) DURNEY

4. DATE OF DEATH: (Month) May 11, (Day) 1949 (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 24, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. 20 yrs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Durney

14. MOTHER'S MAIDEN NAME: Emma Fellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: 2507 Hammonds Ferry Rd Mr. Wendell F. Spurrier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure — Interval Between Onset and Death:

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to May 11, 1949, that I last saw the deceased alive on May 11, 1949, and that death occurred at 11-30 P m., from the causes and on the date stated above.

SIGNATURE: Geo McKieffer (Degree or title): M.D. ADDRESS: 1970 Bush Blvd Balto DATE SIGNED: 5-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5/14/49

NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEMETERY

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: May 12 49

REGISTRAR'S SIGNATURE: Geo McKieffer

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: BALTIMORE - 13, MARYLAND

RECEIVED
MAY 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

pc 114487

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Months
Hospital, institution, or street address where death occurred:
Paradise Nursing Home
How long in hospital or institution? 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 614 Claymont Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war NO

3.(a) FULL NAME: Theresa C. Eckert

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F M	White	Single

6.(b) Name of husband or wife: None
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1895 1895

8. AGE: Years	Months	Days	If less than one day
54	4	17	..... hrs. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual occupation Sales Girl
11. Industry or business Gutmans

FATHER
12. Name Peter R. Eckert
13. Birthplace Md.

MOTHER
14. Maiden name Mary Magsamen
15. Birthplace Md.

16. Informant Mr. John Eckert
Address 2935 W. Lanvale St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 30, 1949 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Baltimore
18. Funeral director John T. Stansbury
Address 2700 Edmondson Ave.

19. 5/28/49 19..... (Date rec'd by registrar) V. E. Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1949, at 8:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1948 to May 27 1949 and that I last saw her alive on May 27 1949

Immediate cause of death	DURATION
Carcinoma Cervix	7 yrs
Due to	
Due to	
Other conditions Metastases Bladder	1 yr
Anemia (Include pregnancy within 3 months of death)	1 yr

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. J. Mendelis M. D. or other
Address 651 N Bentalou Date signed 5-28-49

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04488

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; MARYLAND; LENGTH OF STAY (in this place) 18 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Towson; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural, give location) York Road & Aigburth ave

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) H. (Last) Ehlen

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 19, 1896

9. AGE last birthday: 52 yrs. If under 1 year: Months 5, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. R. Ehlen

14. MOTHER'S MAIDEN NAME: Clara Parlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: –

17. INFORMANT: Katherine King Ehlen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — few minutes

420.1 940a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure — 4

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: –

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to May 10, 1949, that I last saw the deceased alive on 5 May, 1949, and that death occurred at 9.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D Orbin Streett Md 712 Park Ave. Baltimore-1, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 12-'49

NAME OF CEMETERY OR CREMATORY: Greenmount

LOCATION (City, town, or county) (State): Greenmount ave. & North ave

DATE REC'D BY LOCAL REG. 5/11/49

REGISTRAR'S SIGNATURE: Dr. Nedrich

24. FUNERAL DIRECTOR: John O. Whitehelt Sons

ADDRESS: 1901 Eutaw Place

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04489

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - TOWSON | LENGTH OF STAY (in this place) 2 YRS. 24 DAS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHEPPARD AND ENOCH PRATT HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 2028 LANIER DRIVE

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) BROOKE (Last) FARQUHAR
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: OCT. 5, 1868
9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ALEXANDRIA, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: ROGER B. FARQUHAR
14. MOTHER'S MAIDEN NAME: CAROLINE MILLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHOPNEUMONIA — 10 DAYS

450.0 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS — 4 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS — 2 YEARS

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 22, 1947, to MAY 16, 1949, that I last saw the deceased alive on MAY 16, 1949, and that death occurred at 12:14 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry M. Murdock M.D. — ADDRESS TOWSON 4, MARYLAND. — DATE SIGNED MAY 16, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE 5/16/49 | NAME OF CEMETERY OR CREMATORY Silver Spring Md | LOCATION (City, town, or county) Silver Spring Montgomery Co Md | (State)

DATE REC'D BY LOCAL REG. May 16 - 49 | REGISTRAR'S SIGNATURE Wm. Carroll Van Horn Dep. Locke | 24. FUNERAL DIRECTOR Warner E Pumphrey | ADDRESS

RECEIVED
JUN 1 1940
BUREAU V. M

Film no. G 120 May 11, 1949 (Over) MARYLAND STATE DEPARTMENT OF HEALTH Reg. Dist. #44

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) HARRY FREESER

2. DATE OF DEATH MAY 2, 1949 (SMT)

3. PLACE OF DEATH: A. Baltimore [illegible], Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home. Middle River, Balto.Co.

c. Length of stay in Baltimore 12 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River
D. STREET ADDRESS (If rural, give location) Lynwood Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	White	Married	May 7-1878	~~71~~ 50				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10B. KIND OF BUSINESS OR INDUSTRY Glenn Martin Co.
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bert Russell Freeser
14. MOTHER'S MAIDEN NAME Minetta Richard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW I
16. SOCIAL SECURITY NO. 168-14-3463
17. INFORMANT Margaret Freeser ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
420.1 ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
94a
(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED 5-2-49 (SMT)

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/4/49	Rest Haven Cem.	Hanover Penna

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/3/49	Henry Quiggle	John S. Connelly	Essex 21, Md.

VS. A15

Evidence to change age shown on:

04491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS — LENGTH OF STAY (in this place) 40 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1251 VOGT AVE	STREET ADDRESS (If rural give location) 1251 VOGT AVE

3. NAME OF DECEASED (Type or Print) (First) MARIE (Middle) (Last) FEILER			4. DATE OF DEATH (Month) MAY (Day) 22 (Year) 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH OCT. 1, 1881	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Mio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) AUSTRIA	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME JOSEPH GUNTNER		14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT JOHN FEILER			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	7 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C.V.D. c̄ Chronic Congestive Failure Grade III	3 years
93d	(c) Latent Syphilis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 9, 1949, to 5/22, 1949, that I last saw the deceased alive on 5/21, 1949, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elliot W. Johnson	MD	3432 Fredick Ave	5/23/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF MAY 25 1949	NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM.	LOCATION (City, town, or county) (State) BALTIMORE, MD.
DATE REC'D BY LOCAL REG. 5-24-49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Joseph T. Ambrose	ADDRESS 1328 Sulphur Spring Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

J. V. Embree
1328 Sulphur Spring Rd.
Apt 27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04492

CERTIFICATE OF DEATH

Reg. Dist. No. 4V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md. | LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1002 Leeds Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md
STREET ADDRESS (If rural give location) 1002 Leeds Ave

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) J. (Last) Flannery
4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 1949
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/13/1883
9. AGE last birthday 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Patrick F. Flannery
14. MOTHER'S MAIDEN NAME Sarah J. Glennon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs W. Frank Ogle 1002 Leeds Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 yrs.

Antecedent cause(s) 331 890
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypotension
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to May 24, 1949, that I last saw the deceased alive on 5-24-49, 19..., and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel L. Shanahan M.D. ADDRESS 1945 W. Balto. St. DATE SIGNED 5-25049

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5/28/49 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem | LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.

DATE RECD BY LOCAL REG. 5/26/49 | REGISTRAR'S SIGNATURE H.R. Hedrick | 24. FUNERAL DIRECTOR John J. Cowan & Son | ADDRESS 2 Mollis St.

04493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Maryland — LENGTH OF STAY (in this place) 23yr 5mo 11da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore --4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital	STREET ADDRESS (If rural give location) 244 Burke Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FLANNIGAN, PATRICK				4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1949			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 6/1/1871	9. AGE last birthday 77 yrs.	If under 1 year Months 11	Days 8	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) England			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records, Spring Grove Hospital				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	12 days
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophic prostatitis	indefinite
	(c) Arteriolo-sclerotic kidney disease	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive cardiovascular disease	"

19a. DATE OF OPERATION 4-30-49	19b. MAJOR FINDINGS OF OPERATION Suprapubic cystotomy (successful)	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1925 to 5-9, 1949, that I last saw the deceased alive on 5-9, 1949, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Md. 5-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/12/49	NAME OF CEMETERY OR CREMATORY Moreland Park	LOCATION (City, town, or county) Baltimore Co (State) Md
DATE REC'D BY LOCAL REG. 5/10/49	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR William Cook Inc	ADDRESS 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of birth date is on:

FILM No. G 120 JUN -6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04494

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Winters Lane	STREET ADDRESS (If rural give location) 70 Winters Lane

3. NAME OF DECEASED (Type or Print) (First) REDINALD	(Middle) T.	(Last) FOREMAN	4. DATE OF DEATH (Month) May	(Day) 28	(Year) 1949		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Singel	8. DATE OF BIRTH 9-14-~~'49~~ 1929	9. AGE last birthday 19 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Perl Foreman	14. MOTHER'S MAIDEN NAME Mary ?						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Perl Foreman 70 Winters Lane.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

591 / 131 A

Immediate cause (a) Chr. Parenchymatous Nephritis ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/, 1949, to 5/28, 1949, that I last saw the deceased alive on 5/28, 1949, and that death occurred at 10.00P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. F. Maloney	MD	57 Winters Lane. Balto. 28 Md	5/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-1-49	Western Star Cem.	Catonsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/31/49	A. W. Hedrick	Mrs Frances A. Hemsley	W. Biddle St. 578

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

04495

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore County 210 Hamilton Court MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station Md
STREET ADDRESS (If rural, give location) 210 Hamilton Court

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Dial (Last) Gahane
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1949
5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6-10-97
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greensville S. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Nedward
14. MOTHER'S MAIDEN NAME Francis P
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Willis Weaver 106 A. King Court

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cardiac Dilatation c Acute	10 min
	(c) Pulmonary Edema	

443
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dept Med Exam - Dundalk Md ADDRESS DATE SIGNED 5/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-21-49
NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.
LOCATION (City, town, or county) Brooklyn Md (State)
DATE REC'D BY LOCAL REG. 5/20/49
REGISTRAR'S SIGNATURE H. W. Hedrick Dr
24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04496

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, Md. LENGTH OF STAY (in this place) 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm.Hospital,Ft.Howard,Md.	STREET ADDRESS (If rural, give location) 7927 Bridge Ave.,

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle)	(Last) GESINA	4. DATE OF DEATH	(Month) May	(Day) 25	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-13-97	9. AGE last birthday 51 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Michael Gesina	14. MOTHER'S MAIDEN NAME Marie Wujek						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
162 Immediate cause	(a) PULMONARY EDEMA	12 hours
47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic Carcinoma	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-, 1949, to 5-25, 1949, that I last saw the deceased alive on 5-25, 1949, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley R. Steinbach	VAH,FORT HOWARD, MD.	5-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/30/49	NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 5/27/49	REGISTRAR'S SIGNATURE S.W. Hedrick Dm	24. FUNERAL DIRECTOR George A.Weber	ADDRESS 705 S.Ann St.,Balto.,Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

M

1. PLACE OF DEATH:

County: Baltimore

City or town: Butler (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Butler (If outside city or town limits, write RURAL and give nearest town)

Street No.: Falls Rd (If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Maggie May Gill

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Oliver Gill

6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): May 26, 1877

8. AGE: Years: 72 Months: - Days: - If less than one day ... hrs. ... min.

9. Birthplace: Balto. Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER: 12. Name: Josias Mallonee

13. Birthplace: Balto. Co., Md.

MOTHER: 14. Maiden name: Martha Tracey

15. Birthplace: Balto. Co., Md

16. Informant: Oliver Gill

Address: Butler, Balto. Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 27, 1949 (month) (day) (year)

Cemetery or crematory: Black Rock

Location: Butler, Balto. Co., Md

18. Funeral director: Lawrence M. Brooks

Address: Sparks, Md.

19. 6-9- 1949 (Date rec'd by registrar) Mary B. E. Line Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-25- 1949, at 5 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1- 1930, to 5-25- 1949 and that I last saw her alive on 5/24/49 19

Immediate cause of death: myocarditis - chronic — DURATION: 5 yrs

Due to: Obesity over 300 lbs

Due to: arteriosclerosis

Other conditions: la grippe — 2 days

422.1 (Include pregnancy within 3 months of death)

93d

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: James G. Saffell M.D. or other

Address: Reisterstown, Md. Date signed: 5-26-49

I

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1949
BUREAU Y. S.

04498

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 LENGTH OF STAY (In this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dundalk ave & Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nathan (Middle) Grant (Last) Glover
4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 49
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Apr 15/1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler
10b. KIND OF BUSINESS OR INDUSTRY Tex Steel Co
11. BIRTHPLACE (State or foreign country) Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Glover
14. MOTHER'S MAIDEN NAME Elizabeth Hildebrandt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Robert Glover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion. 10 hrs.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Dundalk (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-19-49, 12 15 AM
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? No injury.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. P. McCormine M.D. Deptg Medical Examiner Balto. 22 5/19/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5/21/49
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) BALTO. Co. (State) MD

DATE REC'D BY LOCAL REG. 5/20/49
REGISTRAR'S SIGNATURE N. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher ADDRESS DUNDALK MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 23 1949
BUREAU V. S.

04499

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Balto, York Rd. N. Towson
City or town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town York Rd N. Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomas Goings

3. (b) Social Security Number

4. Sex: Male
5. Color or race: C
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) July 10th 1881

8. AGE: Years 67 yrs | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Moses Goings
13. Birthplace Va.
MOTHER
14. Maiden name Anna Brown
15. Birthplace Va.
16. Informant Clarence Goings
Address Provident Rd Towson Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21st 1949 (month) (day) (year)
Cemetery or crematory Pleasant Rest
Location Towson Md Balto Co.
18. Funeral director Byron & Mamie W. Wright
Address 721 Aisquith St Balto 2 - Md
19. May 21st 1949 (Date rec'd by registrar) R. W. A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1949 at 4:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1949 to May 18 1949
and that I last saw him alive on May 18 1949
Immediate cause of death: Uremia — DURATION 5 days
Due to Urinary Retention — 6 days
Due to Prostatic Hypertrophy — unk
Other conditions
610
137a (Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hunt Green J. M.D. M. D. or other
Address Towson - 4 Md Date signed 5/20/49.

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH Be 045010

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 2 yr., 1 mos. 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1129 McKean Avenue

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) (Last) GORDSHELL (Goodshell)

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/20/1857

9. AGE last birthday: 91 yrs. If under 1 year: Months 4, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Gordshell

14. MOTHER'S MAIDEN NAME: Victorine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	Indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	Indefinte
	(c)	

420.0 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1947, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville 28, Md. DATE SIGNED 5/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 5/11/49; NAME OF CEMETERY OR CREMATORY London Park; LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 5/10/49; REGISTRAR'S SIGNATURE Alex Fredrick

24. FUNERAL DIRECTOR Wm Cook Inc.; ADDRESS 1217 St. Paul St.

VS. A15

04501

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Breto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long Green

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green
STREET ADDRESS (If rural, give location) Glen Arm Md.

3. NAME OF DECEASED (Type or Print) (First) Alberta (Middle) E. (Last) Gregg
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 16, 1890
9. AGE last birthday 59 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Fletcher
14. MOTHER'S MAIDEN NAME Georganna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Joshua Gregg Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	3 wks.
490 Antecedent cause(s)	(b) Lobar Pneumonia	5 wks
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1949, to May 6, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson, MD. (Degree or title) ADDRESS Fork Md. DATE SIGNED 5/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE May 10/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Bluemont (State) Va

DATE REG'D BY LOCAL REG. 5/10/49
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Mrs. Hett A. Elliott & Dy. ADDRESS 1129 N. Caplin St

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04502

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 — LENGTH OF STAY (In this place) 23 yr. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Sanford Ave. — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, 28 — STREET ADDRESS (If rural, give location) 23 Sanford ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Grimes

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/29/1874

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Ridgley

14. MOTHER'S MAIDEN NAME: Mary Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Oscar M. Grimes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 22 hrs.

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

830 (b) Hypertension, with generalized arterio sclerosis — Interval Between Onset and Death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1949, to May 10, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 4.55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lee Magness M.D. Catonsville 28, Md 12 May 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 5/13/49 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) Randalstown (State) Md.

DATE REC'D BY LOCAL REG. 5/13/49 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Edward L. MacNabb Jr. — ADDRESS

RECEIVED
MAY 16 1949
BUREAU V. S.

DATE OF DEATH: obvious plus funeral director's letter #122 filmed G 120 6-3-49 . LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04503

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN Mt. Wilson; LENGTH OF STAY (in this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson Branch, Md. T.B.Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fred.; CITY OR TOWN Frederick; STREET ADDRESS (If rural, give location) 143 W. South St. ✓

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Mary (Last) Halladay

4. DATE OF DEATH: May (Month) 30 (Day) 1949 (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7/13/29

9. AGE last birthday: 19 yrs. If under 1 year: Months 10 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesgirl

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas. Halladay

14. MOTHER'S MAIDEN NAME: Mary Saylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 217-28-6889

17. INFORMANT: Helen Mary Halladay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 6 mos.

002 138

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1949, to 5/30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stewart J Shaffer M.D. Mt.Wilson, Md. 5/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 6/1/49

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 5/30/49

REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR ADDRESS: Etchison Funeral Home, Fred., Md.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04504

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catauna ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) Catauna ave

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) (Last) Hamilton

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 31, 1885
9. AGE last birthday 63 yrs. If under 1 year Months 8 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY B&O RR
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Hamilton
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary E Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo W. McKieffer MD Sep Med Exam. Balto Co
ADDRESS 1010 Leeds ave
DATE SIGNED 5-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 24 49
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) (State) Sloney Md

DATE REC'D BY LOCAL REG. May 23 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Harry H Intzke
ADDRESS 4401 Edmondson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 25 1949
BUREAU V. S.

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. 30 04505

1. NAME OF DECEASED (Type or Print): William Ridgely Hammond.

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH: A. ~~Baltimore City~~, Maryland Balto Co Catonsville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6209 Frederick Rd.

c. Length of stay in Baltimore ~~xxxxxx~~ Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 6209 Frederick Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Widowed	Feb. 21, 1879	70 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant (retired)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James R. Hammond

14. MOTHER'S MAIDEN NAME: Mary Brice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Charlotte H. North ADDRESS: 6209 Frederick Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

DUE TO

ANTECEDENT CAUSES

162
47c

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardiovascular Dis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1948, *to* May 22, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 8:59 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lester G. Stallsmith M. D.

23B. ADDRESS: 3950 Edmondson Ave.

23C. DATE SIGNED: 5/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/25/49

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5/23/49

REGISTRAR'S SIGNATURE: A. W. Redrick

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto. Co. 5011 Tulip Av. Relay Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 5011 Tulip Av. Relay Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ETHEL M HARKINS

4. DATE OF DEATH (Month) (Day) (Year) May 29 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Sept 23-1891 | 9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maine | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? — Drysdale | 14. MOTHER'S MAIDEN NAME Drysdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Daughter Mrs. Gatele, Bronx N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach | about 6 mos.

151

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 8, 1949 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach (inoperable) | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to May 29, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo J. Gavin M.D., 1 Mallow Hill Ave. Baltimore, Md. 5/30/49

23. BURIAL CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 30, 1949 | NAME OF CEMETERY OR CREMATORY St. Raymonds Cem. | LOCATION (City, town, or county) (State) Bronx, N.Y.

DATE REC'D BY LOCAL REG. 5/30/49 | REGISTRAR'S SIGNATURE A. W. Hedrich | 24. FUNERAL DIRECTOR Chas. F. Dill - 1501 E. Fort Av. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04507

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyde, Md.
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyde, Md.
STREET ADDRESS (If rural give location): Williams Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELIZABETH	M.	HARE	5	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Nov. 21st, 1884	64 yrs.	5	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Strehlen
14. MOTHER'S MAIDEN NAME: Mary A. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. David C. Hare, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lymph Glands of the Abdomen & left leg — 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

198.1

55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Baltimore Md. DATE SIGNED: 5/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5/23/49	St. Michaels Lutheran	Perry Hall, Md.

DATE REC'D BY LOCAL REG. 5/21/49
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd.

RECEIVED
MAY 27 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

04508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown — LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbt. Church.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — ~~COUNTY~~ City - Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) #654 York Rd. Balto. ✓

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) GRAHAM (Last) HELLEN
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 49

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Aug 31, 1877
9. AGE last birthday: 71 yrs. — If under 1 year: Months 8, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hellen
14. MOTHER'S MAIDEN NAME: Lillie Bimyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish Am. War 1898
16. SOCIAL SECURITY NO. none
17. INFORMANT: Miss Bertha Irene Hellen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — 12 mos.

4202

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
(CITY OR TOWN) none. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title) Deputy Med. Exam. M.D. — ADDRESS Reisterstown — DATE SIGNED 5-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 28/49 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 5/26/49 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Loring Byers — ADDRESS: 5005 Pk Heights Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. No. 04509

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Pikesville 8 Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ethel Pearl, Robb Nursing Home

Stay in hospital or inst. (yrs., or mos., or days): 1 yr

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother),

State: Md County:

City or town: Balto — Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 239 W. Lafayette Ave
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Alice C. Hiss

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(o) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 28 - 1861

8. AGE: Years: 88 | Months: — | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER — 12. Name: Stevenson Hiss

13. Birthplace: Balto Md.

MOTHER — 14. Maiden name: Isabella Graham Corner ?

15. Birthplace:

16. Informant: Frank Corner

Address: 4308 Wentworth Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 19-49 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Balto Md.

18. Funeral director: Ellsworth Armacost

Address: 5118 Guyon Oak Ave.

19. May 18 1949 (Date rec'd by registrar) E E Nichols (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1949, at 230 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1948, to May 17 1949, and that I last saw her alive on May 16 1949.

	DURATION
Immediate cause of death: Senility	?
Due to: Arteriosclerosis	?
Due to:	
Other conditions: Chronic Myocarditis ? 422.1 93d	

Major findings:

Of operations:

Of autopsy:

(Include pregnancy within 3 months of death)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E E Nichols MD
M. D. or other

Address: Pikesville Md Date signed: 5/18/49

RECEIVED
MAY 20 1949
BUREAU T. S.

M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04510

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 mo

Hospital, institution, or street address where death occurred: Hood Nursing Home 5313 Edmondson Ave

How long in hospital or institution? 7 mo

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 1101 Bayard St (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Marie E. Hornig

3.(b) Social Security Number —

4. Sex: F.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Alfred E. Hornig

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 13, 1880

8. AGE: Years 69 | Months 3 | Days 0 | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business:

FATHER
12. Name: Herman Gohlinghorst
13. Birthplace: Germany

MOTHER
14. Maiden name: Elisa Rixse
15. Birthplace: Balto. Md

16. Informant: Julia H. Klenner

Address: 3405 Devonshire Drive

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 16. 1949 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore City

18. Funeral director: Mr. & Mrs. John W. Teufel & Son

Address: 5311 Edmondson Ave

19. May 14th 1949 (Date rec'd by registrar) R. W. H. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13 1949 at 10:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 7 1948 to May 13 1949 and that I last saw her alive on May 12 1949

Immediate cause of death: Myocardial Failure — DURATION: 1 day

Due to: Cerebral Hemorrhage

Due to: Cerebral Arteriosclerosis

Other conditions: 331 830 (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Calvert Hall Date signed 5/13

04511

Evidence for additional info. #14,15 is on:

FILM No. G 120 MAY 16 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003 Overbrook Road.	STREET ADDRESS (If rural, give location) 1003 Overbrook Road.

3. NAME OF DECEASED (Type or Print)	(First) THEODORE	(Middle) B.	(Last) HOUCK	4. DATE OF DEATH	(Month) May	(Day) 4	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan.1,1900	9. AGE last birthday 49 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Frederick, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Charles E. Houck	14. MOTHER'S MAIDEN NAME ETTA CARTY BUESING						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 213-16-6882	17. INFORMANT Mrs Miriam E. Houck, 1003 Overbrook Rd.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Idlewylde (COUNTY) Baltimore (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 2:15P m., from the causes and on the date stated above.

SIGNATURE Laurence C. Post (Degree or title) M.D. ADDRESS 6805 York Rd - Balto 12, Md. DATE SIGNED 5/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/9/49	NAME OF CEMETERY OR CREMATORY National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. May 7th, 1949	REGISTRAR'S SIGNATURE R. W. A. W. Hedrick Jr	24. FUNERAL DIRECTOR ADDRESS William Cook, Inc., 1217 St. Paul St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04512

FILM No. G. 120 MAY 17 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 330 E. 20th Street

3. NAME OF DECEASED (Type or Print): (First) ERROLL (Middle) T. (Last) HUMPHRIES

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-5-96

9. AGE last birthday: 52 ~~53~~ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maysville, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Humphries

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 219-01-3876 Unknown

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591 Immediate cause (a) Subacute Nephritis — Interval Between Onset and Death: 5 Months

130 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7-49, 19....., to 5-10-, 19 49, that I last saw the deceased alive on 5-10-, 19 49, and that death occurred at 4:22 A.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Act.Chief Pro. Ser. VAH, Ft.Howard, Md. 5-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5-13-49 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/14/49 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Howard Blight, 6009 Harford Rd., Balto., Md.

Howard N. Blight & Son 6009 Harford Rd. Balto - Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04513

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) Five days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural give location) 1002 West Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) (Last) HUSSELBAUGH

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months ?, Days ?, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Wood

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure (Prior to admission)	Indefinite
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertensive C.V.R.D.	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville 28, Md. DATE SIGNED 5-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 5/28/49; NAME OF CEMETERY OR CREMATORY London Park; LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 5/26/49; REGISTRAR'S SIGNATURE C. W. Hefner

24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04514

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
STREET ADDRESS (If rural, give location) 9 Winona Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DORRAN	D.	JAMISON	5	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	2-17-94	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder		Elkton, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW I	213-07-1456	Clin,Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 6 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 21, 1949, to May 5, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES	FT. HOWARD, MD.	5-5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5/9/49	Baltimore National Cemetery	6501 Frederick Road

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/6/49	A. W. Bedsuch	Wm.J.Tickner&Sons	North & Pennsylvania Aves., Baltimore,Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04515

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Md. Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Rd and Tenth ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural give location) Joppa Rd and Tenth ave

3. NAME OF DECEASED (Type or Print): (First) Alphonsus (Middle) L. (Last) Jenkins

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 31, 1880

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Alphonsus L. Jenkins Sr.

14. MOTHER'S MAIDEN NAME: Mc Shane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: John C. Jenkins (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Circulatory failure	2 days
Antecedent cause(s)	uraemia	1 week
422.2 / 131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis & chr. nephritis	several
	(c)	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1949, to 5/4, 1949, that I last saw the deceased alive on 5/4, 1949, and that death occurred at 4.30 P m., from the causes and on the date stated above.

SIGNATURE: G. M. Bacon | (Degree or title) M.D. | ADDRESS 2810 Taylor Ave. Parkville Md. | DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 5/7/49 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Taylor Ave. Baltimore - Md.

DATE REC'D BY LOCAL REG. 5/5/49 | REGISTRAR'S SIGNATURE G. M. Bacon | 24. FUNERAL DIRECTOR Howard N. Blight Jr. | ADDRESS 6009 Harford Road

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04516

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Agnes	Johnson	May	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W	Married	Sept. 30 1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME: John Wall

14. MOTHER'S MAIDEN NAME: Leanna Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Charles Grunwalt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death:

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18/ 1949, to 5/22/ 1949, that I last saw the deceased alive on 5/22/ 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. E. Martin		Randallstown Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 25 1949	St Pauls M.E.	Granite, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/49	Wm. E. Martin	C. Harry Weis	Sykesville

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

104517

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md. — LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 104 W. Saratoga St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) D. (Last) JONES

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-31-91

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manf. medicine

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sylvester Jones

14. MOTHER'S MAIDEN NAME: Anna Mae Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: CLINICAL REC. VETS. ADM. HOSP. FT. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL INFARCTION, ANTERIOR, DUE TO CORONARY OCCLUSION	20 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CHRONIC GLOMERULAR NEPHRITIS WITH UREMIA	1 year plus
	(c)	

592
131.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 24, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. R. Brandon M.D. / E. R. BRANDON, M.D.

ADDRESS: VAH Fort Howard, Maryland

DATE SIGNED: 5/15/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/19/49

NAME OF CEMETERY OR CREMATORY: ARLINGTON NAT'L. CEM. Baltimore National

LOCATION (City, town, or county) (State): ARLINGTON, VA. Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/18/49

REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Charles G. Cooper / CHARLES G. COOPER

ADDRESS: 512 Carrollton Ave. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04518

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn (Rural) — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6800 Windsor Mill Road	STREET ADDRESS (If rural give location) 6800 Windsor Mill Road

3. NAME OF DECEASED (Type or Print)	(First) Bessie	(Middle) Minetta	(Last) Jones	4. DATE OF DEATH	(Month) May	(Day) 17	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 12, 1873	9. AGE last birthday 75 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Woodlawn, Baltimore Co., Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME George Edward Younger		14. MOTHER'S MAIDEN NAME Catherine Biley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. John F. McNulty, Woodlawn, Md. 6746 Windsor Mill Rd					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio vascular disease	3 yrs.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arterio sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1949, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 6.40 P. m., from the causes and on the date stated above.

SIGNATURE Ernest H. Rahn, M.D. (Degree or title) ADDRESS 1735 Poplar Grove St. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 20, 1949	NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	LOCATION (City, town, or county) (State) Woodlawn, Maryland
DATE REC'D BY LOCAL REG. 5/19/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR J. Willis Lamoreau	ADDRESS 4510 Liberty Heights Avenue

CERTIFICATE OF DEATH

BIRTH NO. (OVER)

Registered No. BC 04519

1. NAME OF DECEASED (Type or Print): John JONES (THOMPSON)

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH: A. Baltimore ~~City~~ Co., Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beth. Steel Dispensary ~~Sparrows Point, Md.~~

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Sparrows Point~~ Balto.
D. STREET ADDRESS (If rural, give location): 926 E. Baltimore St.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1884

9. AGE (In years last birthday): ~~65~~ 64 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker

10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thompson

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes. (If yes, give war or dates of service): 1910

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS: Edwin J. Thompson, New Castle, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

~~420.1~~ ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

94a

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Carl L. Royer M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: May 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/4/49

24C. NAME OF CEMETERY OR CREMATORY: Kings Chapel Cem.

24D. LOCATION (City, town, or county) (State): New Castle Pa.

DATE RECEIVED BY LOCAL REGISTRAR: 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Roland L. Fisher Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change in age
is on:
FILM No. G 120 JUN 29 1949

04520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6908 Ridgeway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6908 Ridgeway Rd.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Dora (Last) Kaelber

4. DATE OF DEATH (Month) May (Day) 7th (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 8/26/1866
9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Gottlieb Rode
14. MOTHER'S MAIDEN NAME Dora (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ida Boyle 4922 O'Donnell St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156 Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 Mos.

Antecedent cause(s)

46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ None
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Dec 2, 1949, to May 7, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE E A Schemunck (Degree or title) M.D. ADDRESS 842 S East Ave DATE SIGNED 5-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/10/49
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 5/10/49
REGISTRAR'S SIGNATURE L A. W. Hedrich
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04521

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2036 E. Biddle

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) KAMMER

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-14-1890

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Kammer

14. MOTHER'S MAIDEN NAME: Mary Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 213-07-7477

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

875.0 / 179x

Immediate cause (a) Poison accidental — Interval between onset and death: 17 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) History of Amuria, associated with treatment with sulfonamides, Lower Nephron Nephrosis.

(c) — Interval between onset and death: 17 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): B.C. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20-, 1949, to 5-2-, 1949, that I last saw the deceased alive on 5-2-, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Shelton, M.D. — ADDRESS: Fort Howard, Md. — DATE SIGNED: 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/6/49 — NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/5/49 — REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Balto., Md. — ADDRESS: 2601-3-5 E. Madison Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014522

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville — LENGTH OF STAY (In this place) 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Seminary Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Patrick (Last) Kane
4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 12-1-1892
9. AGE last birthday 56 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Clerk
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Texas, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Patrick Kane
14. MOTHER'S MAIDEN NAME Winifred McDonnough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
16. SOCIAL SECURITY NO. 177-07-7472
(If year, give war or dates of service) World War I
17. INFORMANT Miss Ella Kane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, Terminal	24 hrs.
350 Antecedent cause(s)	(b) Malnutrition	6 mos
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Paralysis Agitans	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1942, to May 6, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 400 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bennett A. Storm M.D. — ADDRESS Lutherville — DATE SIGNED 5/6/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5-9-49 — NAME OF CEMETERY OR CREMATORY St Joseph's — LOCATION (City, town, or county) (State) Texas, Balto Co. Md.

DATE REC'D BY LOCAL REG. May 7-49 — REGISTRAR'S SIGNATURE Wilmer U. Ensor — 24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Govans, Md.

VS. A15

RECEIVED
MAY 16 1949
BUREAU Y. S.

04523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middlebough — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middlebough
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back River & Middlebough Rd	STREET ADDRESS (If rural, give location) Back River & Middlebough Rd.

3. NAME OF DECEASED (Type or Print)	(First) AMELIA	(Middle)	(Last) KANIS	4. DATE OF DEATH	(Month) MAY (Day) 22 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May-31-1887	9. AGE last birthday 61 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Sauers.	14. MOTHER'S MAIDEN NAME Unk				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Frank Kanis Jr. (Son)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Tuberculosis, pulmonary — 1 year

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart failure, congestive — 6 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to May, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas Betaigley	MD	815 Eastern Ave Balto 21 Md	5/23/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-25-49	Sacred Heart.	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/49	L A.W. Sedrick	John G. Connelly	418 Eastern Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04524

Reg. Dist. No. 32

1. PLACE OF DEATH COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 7 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home	STREET ADDRESS (If rural give location) Villa Nova, Pikesville, Md.

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) (Last) Karch			4. DATE OF DEATH (Month) 5/ (Day) 17/ (Year) 49 19		
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH 10/19/61	9. AGE last birthday 87 yrs.	If under 1 year Months 6 Days 28 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Seamstress		11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Gottlieb Karch			14. MOTHER'S MAIDEN NAME Eva Beck		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Germanus France(nephew)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

93d (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to 5/17/, 1949, that I last saw the deceased alive on 5/17-, 1949, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE Dr E E Nichols (Degree or title) ADDRESS Pikesville 8 Md DATE SIGNED 5-18-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF 5/19/49	NAME OF CEMETERY OR CREMATORY Holy Redeemer	LOCATION (City, town, or county) (State) Belair Road Balto.,
DATE REC'D BY LOCAL REG. 5-18-49	REGISTRAR'S SIGNATURE Dr E E Nichols	24. FUNERAL DIRECTOR Lilly & Zeiler, Inc, 403 S. Wolfe St.	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04525

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City; LENGTH OF STAY (in this place) 62 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Westchester Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rural); STREET ADDRESS (If rural, give location) Westchester Avenue.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	AGNES	AUGUSTA	KAVANAUGH	May	30	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	June 30, 1886.	62 yrs.	11	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis J. Kavanaugh	B. Elizabeth Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		None	Mrs. Lillian Hahn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	5 years
	(c) —	

422.1 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-24, 1949, to 5-30, 1949, that I last saw the deceased alive on 5-30, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George E. Burgoff M.D.	Ellicott City, Md.	5-31-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 2/1949	New Cathedral Cemetery	Baltimore Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/1/49	V. E. Harvey	Easton Sons	Ellicott City, Md.

RECEIVED
JUN 3 1949
BUREAU V. S.

04526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto C MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3808 - 9th Brooklyn
STREET ADDRESS (If rural give location) 3808 - 94

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Chappell (Last) Kearfott

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH May 1876 | 9. AGE last birthday 73 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Va | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Lillian C Kearfott 3808 9th St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis 1-2 yrs

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 8, 1949 to May 27 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville DATE SIGNED MD 5/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF May 30/49 | NAME OF CEMETERY OR CREMATORY Amherst Court House | LOCATION (City, town, or county) Amherst Va (State)

DATE REC'D BY LOCAL REG. 5/27/49 | REGISTRAR'S SIGNATURE Balto City Health Dept. | 24. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

Dr Johnson

Kenfield

RECEIVED
JUN 1 1949
BUREAU V. S.

CERTIFICATE OF DEATH

BIRTH NO. G 120 JUN -6 1949 shows evidence for change of age. Registered No. 04527

1. NAME OF DECEASED (Type or Print): JAMES A. KEIM

2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Sparrows Pt

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2107 Anna Avenue

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sparrows Point
D. STREET ADDRESS (If rural, give location): 2107 Anna Avenue

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1911

9. AGE (In years last birthday): ~~37~~ 38 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Cookport, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl W. Keim

14. MOTHER'S MAIDEN NAME: Bertha Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): 8-1-30 to 7-31-33

16. SOCIAL SECURITY NO.

17. INFORMANT: Mildred M. Keim, ADDRESS: 2107 Anna Ave. Sparrows Point

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

420.1 9/a

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Earl L. Royer M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 12, 1949

24C. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery

24D. LOCATION (City, town, or county) (State): Cookport, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: 5/10/49

REGISTRAR'S SIGNATURE: L. W. W. Hedrick

25. FUNERAL DIRECTOR: Roland L. Fisher, ADDRESS: 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

114528

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 Willow Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 79 Willow Spring Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) M. (Last) Kelly

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: Jan. 17 1877 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired — Moulder | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward F. Kelly

14. MOTHER'S MAIDEN NAME: Elizabeth Livingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: William M. Kelly, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion (thrombosis)	about 1 yr.
420.0 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	10 yrs. or more.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis — 10 yrs or more

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Jan, 1949, that I last saw the deceased alive on Jan, 1949, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard W. Dolle M.D. | ADDRESS 8 Liberty Parkway | DATE SIGNED 12 May 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 14, 1949 | NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/13/49 | REGISTRAR'S SIGNATURE D.W. Hedrick | 24. FUNERAL DIRECTOR, ADDRESS Roland L. Fisher, Dundalk, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04529

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
4219 Kensington Road. Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 4219 Kensington Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) K. (Last) Kennedy

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 23-1890

9. AGE last birthday: 58 yrs. If under 1 year: Months 4, Days 7. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Wilkinsburg Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Kennedy

14. MOTHER'S MAIDEN NAME: Ida Kiehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 179-03-3490

17. INFORMANT: Mrs. Gertrude D. Kennedy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1/2 hour

420.1

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 5 1/2 A.m., from the causes and on the date stated above.

SIGNATURE Earl Pass, M.D. (Degree or title) ADDRESS 4001 Wilkens Ave DATE SIGNED May 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: May 3-1949 — NAME OF CEMETERY OR CREMATORY: Loudon Park. — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 5/3/49

REGISTRAR'S SIGNATURE R. W. Hedrick

24. FUNERAL DIRECTOR: Maxie Cook Lyfer — ADDRESS: 1600 W. Northave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04530

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto Co Md — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Ford
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 230 Hopkins Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Ford
STREET ADDRESS (If rural give location): 230 Hopkins Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) T. (Last) Kennedy

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 13 1872

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Patricle Callahan

14. MOTHER'S MAIDEN NAME: Johanna Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs John J Kenney 230 Hopkins Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemic coma	3 days
334 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral apoplexy	Jan 6-49
83a	(c) arteriosclerosis	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1949, to 5/12, 1949, that I last saw the deceased alive on 5/11, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: M. J. McDermott — (Degree or title): M.D. — ADDRESS: 1136 Poplar Grove St Balto Md — DATE SIGNED: 5/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 14. 1949 — NAME OF CEMETERY OR CREMATORY: St Peters Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 5-13 — REGISTRAR'S SIGNATURE: J. W. Nedrich

24. FUNERAL DIRECTOR: John C Moran — ADDRESS: 3001 E Balto St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04531

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring — LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS none.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring Md
STREET ADDRESS (If rural, give location) none.

3. NAME OF DECEASED (Type or Print): (First) MARTHA — (Middle) ELLEN — (Last) King

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Feb 6 1863 | 9. AGE last birthday 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry P Nolte

14. MOTHER'S MAIDEN NAME Mary Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs Wilbur Benson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	2 yrs.
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1314	(b) Chr. Nephritis.	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none | (CITY OR TOWN) none | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 11-1, 1945, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE D. D. Kaplan | (Degree or title) M.D. | ADDRESS Reisterstown, Md. | DATE SIGNED 5-23-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 25-8 May 26 49 | NAME OF CEMETERY OR CREMATORY Pleasant Grove | LOCATION (City, town, or county) Balto Co | (State) Md

DATE REC'D BY LOCAL REG. 5.23.49 | REGISTRAR'S SIGNATURE Mary B. Kline. | 24. FUNERAL DIRECTOR Edw Clipton | ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

04532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Randolph (Middle) (Last) King

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug. 18, 1869
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Farmer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Loudon Co., Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Stephen King
14. MOTHER'S MAIDEN NAME Delia Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edward King, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Arteriosclerosis	3 yrs
Antecedent cause(s)	(b) Generalized Arteriosclerosis	3 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

334
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia. 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1946, to May 15, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuck, M.D. (Degree or title) ADDRESS Spring Grove St. Hosp. Catonsville, MD DATE SIGNED May 15, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 18/49
NAME OF CEMETERY OR CREMATORY Trinity Cem
LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 5/17/49
REGISTRAR'S SIGNATURE A.W. Hedrick Dm.
24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2008 Orleans St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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04533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural: Towson
LENGTH OF STAY (in this place) Since 8-11-48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head
STREET ADDRESS (If rural give location) 19 E Patton St

3. NAME OF DECEASED (Type or Print) (First) MAUD FRANCES (Middle) KNOTT (Last)
4. DATE OF DEATH (Month) 5 (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid
8. DATE OF BIRTH 2-4-1885
9. AGE last birthday 64 yrs. If under 1 year: Months 3 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Accomack
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George W Berry
14. MOTHER'S MAIDEN NAME Frances Randall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval Between Onset and Death: Since May 1948

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — Since 1941

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-, 1948, to 5-24-, 1949, that I last saw the deceased alive on 5-24-, 1949, and that death occurred at 8:20 a m., from the causes and on the date stated above.

SIGNATURE W A Briders (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 5-25-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE 5/24/49 NAME OF CEMETERY OR CREMATORY ~~Hunt & Ryon~~ LOCATION (City, town, or county) (State) Prince George Co Md

DATE REC'D BY LOCAL REG. 5/25/49 REGISTRAR'S SIGNATURE W Carroll Van Horn Deputy Local
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014534

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5208- 13th St., N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FANNIE	F.	KRAKE	May	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Dec. 14, 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Schaeffer

14. MOTHER'S MAIDEN NAME: Cornelia M. Schweigert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Earl E. Schaeffer 3223 Milford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Sclerosis

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1949, to May 27, 1949, that I last saw the deceased alive on May 27, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: W. Earle Bryan (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	5/31/49	Rock Creek Cem.	Washington,	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/28/49	W. E. Harry	WM. J. TICKNER & SONS	Balto., Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04535

CERTIFICATE OF DEATH

Reg. Dist. No. ~~9~~ 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson 4, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mo 13 days

Hospital, institution, or street address where death occurred:
Eudowood Sanatorium, Towson 4, Md.

How long in hospital or institution? 8 mo, 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Dundalk
(If outside city or town limits, write RURAL and give nearest town)

Street No. 157 So Bend Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME
Mary Elizabeth Kramer.

3.(b) Social Security Number
—

4. Sex: F
5. Color or race: W
6.(a) Single, married, widowed, or divorced: M.

6.(b) Name of husband or wife: George Kramer.

6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Dec 9, 1925

8. AGE: Years: 23 Months: 5 Days: 13 If less than one day ..... hrs. ..... min.

9. Birthplace: West Virginia.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: own home

FATHER
12. Name: Joseph Gaydosh.
13. Birthplace: Hungary

MOTHER
14. Maiden name: Katherine Stafnaslas
15. Birthplace: Hungary

16. Informant: Personal history- Hospital records

Address: Eudowood Sanatorium, Towson 4, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 16, 1949 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: German Hill Rd., Baltor Co.

18. Funeral director: Roland L. Fisher

Address: 2112 Dundalk Ave., Dundalk 22

19. 5/13 1949 (Date rec'd by registrar) Aw Hedrick Dm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13 1949 at 10.22 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 27 1948 to ..... 19..... and that I last saw her alive on May 12 1949

Immediate cause of death: Pulmonary tuberculosis.

DURATION: 1 yr 10 mo

Due to: .....

Due to: .....

Other conditions: .....

002
13b

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: W A Bridges M. D. ~~or other~~

Address: Towson 4, Md. Date signed .....

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04536

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westchester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Westchester Ave.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) PATRICK (Last) LAFFERTY

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 21, 1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 7 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Balto Co Highway

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lafferty

14. MOTHER'S MAIDEN NAME: Martha Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: Mrs E. McGuirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular disease	6 months?
422.1 938	(c) Arterio sclerosis, generalized	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1948, to May 22, 1949, that I last saw the deceased alive on May 21, 1949 and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Magruder (Degree or title) MD ADDRESS Catonsville 28, Md DATE SIGNED 23 May, 1949

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF May 25/49 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5/24/49 | REGISTRAR'S SIGNATURE V E Harry | 24. FUNERAL DIRECTOR Easton Sons | ADDRESS Ellicott City, Md.

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04537

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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T

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place): 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3rd & Neal Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural give location): 3rd & Neal Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dressel (Last) Linker

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 1, 1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Bowling Alleys

10b. KIND OF BUSINESS OR INDUSTRY: Amusement

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Linker

14. MOTHER'S MAIDEN NAME: Marie Dressel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-10-3894

17. INFORMANT: Mrs. Daisy B. Linker

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1½ hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940	(b)	
	(c) Angina Pectoris	3 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None — (CITY OR TOWN) None — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) None (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ None

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 5-4, 1949, to 5-29, 1949, that I last saw the deceased alive on 5-29, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples — (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 5-30-'49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 1, 1949 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Baltimore Co.

DATE REC'D BY LOCAL REG.: 5-31-49 — REGISTRAR'S SIGNATURE: Mary B. Elins.

24. FUNERAL DIRECTOR: J. F. Elins & Sons — ADDRESS: Reisterstown, Md.

RECEIVED
JUN 3 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04538

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
STREET ADDRESS (If rural give location): 7531 Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) G. (Last) LOHR

4. DATE OF DEATH: (Month) May (Day) 18th (Year) 1949

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Feb. 9th, 1880 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months 3, Days 9 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Balto. T. Co.
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Lohr
14. MOTHER'S MAIDEN NAME: Katherine Glatzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 215-09-3763
17. INFORMANT: Mrs. Joseph G. Lohr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	3½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Hypertensive Disease	4 yrs.
420.1 93d	(c) Arteriosclerosis	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 11., 1949, to May 18., 1949, that I last saw the deceased alive on May 18., 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael J. Dausch M.D. | ADDRESS: 1W. Overlea Ave | DATE SIGNED: 5/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 5/21/49 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: May 20 1949 | REGISTRAR'S SIGNATURE: Mrs. J. F. Reynolds | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd.

VS. A15

RECEIVED
MAY 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04539

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 22 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1217 Madison Avenue

3. NAME OF DECEASED (Type or Print) (First) AUSTIN (Middle) LORAINE (Last) LUCAS

4. DATE OF DEATH (Month) May (Day) 23, (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 6-29-1913

9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Austin Lucas

14. MOTHER'S MAIDEN NAME Fannie Lumpkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 218-10-0834

17. INFORMANT Clin.Rec.Vets. Adm. Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) NEPHROSIS

591

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

133 b3

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-, 1949, to 5-23-, 1949, that I last saw the deceased alive on 5-23-, 1949, and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R R Pries MD

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/26/49

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/25/49

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.,Balto.,Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

04540

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County, Md. LENGTH OF STAY (in this place) Casting	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 4109 Wilke Ave.

3. NAME OF DECEASED (Type or Print)	(First) MARTIN	(Middle) H.	(Last) LUTZ	4. DATE OF DEATH	(Month) May	(Day) 25th,	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 28, 1904	9. AGE last birthday 45 yrs.	If under 1 year Months 3	Days 27	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Refrigerators	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Martin Lutz		14. MOTHER'S MAIDEN NAME Mary Buss					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 215-09-4244	17. INFORMANT Mrs. Martin H. Lutz					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) asphyxiation due to drowning	Sudden
975 Antecedent cause(s)		
164a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Jarrettsville Pike.	(COUNTY) Baltimore	(STATE) Md
TIME OF INJURY (Month) May (Day) 25 (Year) 1949 (Hour) 8:30 A m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Jumped From #2 Bridge into Loch Raven Reservoir.		

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19—, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE John S. Green Jr. (Degree or title) ADDRESS Towson - Md. (Deputy Medical Examiner) DATE SIGNED May 26-49.

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 5/27/49	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 5/27/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 23 N. Symington Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Katherine S. Marburger

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Henry L. Marburger

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 7. 1872

8. AGE: Years 77 Months 3 Days 29 If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: George Villmar
13. Birthplace: Germany

MOTHER
14. Maiden name: Katherine Pensel
15. Birthplace: Germany

16. Informant: Edna C. Engroff

Address: 23 N. Symington Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 9, 1949 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore City

18. Funeral director: Mr & Mrs. John W. Teufel & Son

Address: 5311 Edmondson Ave.

18. 5/9 1949 (Date rec'd by registrar) A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1949, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 15 1949, to May 6, 1949 and that I last saw her alive on May 5, 1949

Immediate cause of death: Acute Hepatitis

Due to

Due to

Other conditions: Chr. Myocarditis.

583
93d (Include pregnancy within 8 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George E. Shannon MD
M. D. or other

Address: 820 Medical Arts Bldg Date signed 5/6/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04542

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
STREET ADDRESS (If rural give location): E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) EMORY (Middle) E. (Last) MARTIN

4. DATE OF DEATH: (Month) 5/ (Day) 4 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 4/19/79

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days 15 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George N. Martin

14. MOTHER'S MAIDEN NAME: Emma Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Elmer Akehurst

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 5 min.

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovas-

(c) cular Disease — 15 yrs -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1934, to May 4, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford F. Hudson — ADDRESS: Fork Md. — DATE SIGNED: 5/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 5/7/49 — NAME OF CEMETERY OR CREMATORY: Mt. Christian — LOCATION (City, town, or county): Mountain Rd. (State): Md.

DATE REC'D BY LOCAL REG.: 5/6/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04543

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt.Wilson; LENGTH OF STAY (in this place): 2 yrs.3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt.Wilson Branch 8 days. Md.T.B.Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr.Geo.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Forestville
STREET ADDRESS (If rural, give location): 7696 Walter's Lane

3. NAME OF DECEASED (Type or Print): (First) James (Middle) N. (Last) McLaughlin
4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/14/1893
9. AGE last birthday: 56 yrs. If under 1 year: Months: 2 Days: 20 If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wetzle Co., W.Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: William McLaughlin
14. MOTHER'S MAIDEN NAME: Jane Gump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Yes,# Unknown
17. INFORMANT: James N. McLaughlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fatal Pulmonary Hemorrhage

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1947, to 5/4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stewart J Shaffer M.D. Supt. Mt.Wilson, Maryland 5/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5/7/49
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 5/4/49
REGISTRAR'S SIGNATURE: Helen R. Mayer
24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers, Washington, D.C.

VS. A15

RECEIVED
MAY 7 1949
BUREAU V. S.

04544

Bc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hospital, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 25 S. Fulton St.

3. NAME OF DECEASED (Type or Print) (First) AMBROSE (Middle) M (Last) McNEIR

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/11/88
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew McNeir
14. MOTHER'S MAIDEN NAME Mary Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HEMORRHAGE, CEREBRAL, LEFT	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) HYPERTENSIVE CARDIOVASCULAR DISEASE	5 years

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMIPLEGIA, LEFT, RESIDUALSOF — 18 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1949, to 5/30, 1949, that I last saw the deceased alive on 5/30, 1949, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE J. L. Rittmeyer (Degree or title) J.L. RITTMEYER, M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF JUNE 3'49
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REG. 5/31/49
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Harry H. Witzke, 4101 Edmondson Ave., Balto., Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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04545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6824 Dogwood Road	STREET ADDRESS (If rural give location): 6824 Dogwood Road

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) M.	(Last) Meyers	4. DATE OF DEATH	(Month) May 21, (Day) 1949 (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Aug. 13, 1894	9. AGE last birthday: 54 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scale Mechanic	10b. KIND OF BUSINESS OR INDUSTRY: Samuel Betz	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: John E. Meyers	14. MOTHER'S MAIDEN NAME: Joana Meekins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 1	16. SOCIAL SECURITY NO.: 212-01-6671	17. INFORMANT: Mrs. John E. Meyers, 6824 Dogwood Rd., Wdln			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	4 days
002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	2 years
13b	(c) Treated at State Sanitarium	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1949, to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 2.53 A. m., from the causes and on the date stated above.

SIGNATURE: A. A. Smith (Degree or title) ADDRESS: 4509 Liberty Heights Ave. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: May 23, 1949	NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	LOCATION (City, town, or county) (State): Woodlawn, Md.
DATE REC'D BY LOCAL REG.: 5/23/49	REGISTRAR'S SIGNATURE: H. W. Hedrick Dep	24. FUNERAL DIRECTOR: Willis Lamoreau	ADDRESS: 4510 Liberty Hgts Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,FortHoward,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 114 S. Schroder Street

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) (Last) MIKLO

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-25-85

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Miklo

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HYPERTENSIVE CARDIOVASCULAR DISEASE, GRADE IV	6 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

443

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1949, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 12:18 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 5-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/20/49

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/18/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR John J. Cowan and Sons

ADDRESS 901 Hollins St. Baltimore, Md.

04547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore Co. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunnybrook Balto., Md
LENGTH OF STAY (In this place): 77yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sunnybrook Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunnybrook Balto. Co., Md.
STREET ADDRESS (If rural, give location): Warren Rd., Sunnybrook Md.

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) J. (Last) Miller

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 4, 1871

9. AGE last birthday: 77 yrs. If under 1 year: Months 9 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sunnybrook, Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Peter Miller

14. MOTHER'S MAIDEN NAME: Elizabeth Grawmiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Joseph C. Miller Sunnybrook Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval between onset and death: 2 yrs.

592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1318 (b) Chronic Nephritis —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dropsy —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1948, to 5/19, 1949, that I last saw the deceased alive on 5/19, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilmer C. Ensor M.D. ADDRESS: Cockeysville Md. DATE SIGNED: 5/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 5-23-1949 NAME OF CEMETERY OR CREMATORY: St. John's Cemetery LOCATION (City, town, or county) (State): Long Green Md.

DATE REC'D BY LOCAL REG. 5-20-49 REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Elmer W. Conklin ADDRESS: 924 E. Eager St.

RECEIVED
MAY 26 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

04548

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 1 yr, 5 mos. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 4608 Mannasota Street

3. NAME OF DECEASED (Type or Print): (First) Constance (Middle) (Last) Misciwojewski

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12/24/1883

9. AGE last birthday: 65 yrs. If under 1 year: Months 0 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Crist

14. MOTHER'S MAIDEN NAME: Eleanor ? (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes,# Unkown

17. INFORMANT: Agnes Foril or Friel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	2 yrs.
002 Antecedent cause(s)		
138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1947, to 5/6, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stewart S Shaffer M.D. Supt. Mt.Wilson, Md. 5/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 5/10/49

NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

LOCATION (City, town, or county) (State): German Hill Rd., Balto., Md.

DATE REC'D BY LOCAL REG. 5/6/49

REGISTRAR'S SIGNATURE: Helen K. Mayer

24. FUNERAL DIRECTOR ADDRESS: Wm.S. Fialkowski, 2007 Eastern Ave. Baltimore, Md.

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04549

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto
STREET ADDRESS (If rural, give location) 2025 Maryland ave

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) (Last) Mitchell
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 25 1882
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H W
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew Henkel
14. MOTHER'S MAIDEN NAME Sarah Bang
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) fracture left femur

903.7
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hospital
(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Co Md
TIME OF INJURY (Month) 3 (Day) 17 (Year) 49 (Hour) 11-30 p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fall on floor going from bed to toilet or [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo W. Kieffer M.D. (Degree or title) Dep Med Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED Balto 5-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-13-49
NAME OF CEMETERY OR CREMATORY Spring Grove State Hospital
LOCATION (City, town, or county) (State) Catonsville 28, Md.
DATE REC'D BY LOCAL REG. 6/13/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR ADDRESS Spring Grove State Hospital, Catonsville 28, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04550

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore — Glen Arm

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sister Mary Alacoque Moesch

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1867

8. AGE: Years	Months	Days	If less than one day
81	9	21	hrs. min.

9. Birthplace Buffalo New York
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name August Moesch
13. Birthplace Switzerland

MOTHER
14. Maiden name Henrietta ?
15. Birthplace Switzerland

16. Informant S. Mary Clara

Address Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5/49 (month) (day) (year)

Cemetery or crematory Notch Cliff

Location Glen Arm

18. Funeral director Geo M. Fink & Son

Address 811 N Wolfe St

19. 5/4 (Date rec'd by registrar) 19 49 Wm Hammond Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1949, at 8.35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1949, to May 3 1949 and that I last saw her alive on April 27/49 19

Immediate cause of death Coronary occlusion — DURATION 3 wks

Due to

Due to

Other conditions 420.1 94a (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] J. M. D. M. D. or other

Address Date signed

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

114551

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pella
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westchester ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pella
STREET ADDRESS (If rural, give location) Westchester ave

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) G (Last) Molesworth

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 17, 1880

9. AGE last birthday: 68 yrs. — If under 1 year: Months 7, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rufus G Molesworth

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 216 07 9887

17. INFORMANT: Alma Molesworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 930 (b) Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Geo M Kieffer MD Licensed Balto Co 1010 Leadenhall 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/30/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/30/49 — REGISTRAR'S SIGNATURE: W E Harvey

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons Catonsville, Md.

RECEIVED
JUN 2 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04552

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 10 mos. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md.T.B.San. Mt. Wilson, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1603 W. Fayette St.
STREET ADDRESS (If rural, give location) Baltimore, Maryland ✓

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) -- (Last) Montgomery

4. DATE OF DEATH (Month) May (Day) 22, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6/4/04
9. AGE last birthday 44 yrs. If under 1 year: Months 11 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Middlesberg, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Montgomery
14. MOTHER'S MAIDEN NAME Sara Lamar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. Yes,# Unknown
17. INFORMANT Robert Montgomery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 18 mos.

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1948, to 5/22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 10:05 P.m., from the causes and on the date stated above.

SIGNATURE Stewart S Shaffer (Degree or title) MD. ADDRESS Mt.Wilson, Md. DATE SIGNED 5/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/27/49
NAME OF CEMETERY OR CREMATORY LaMarr Cemetery
LOCATION (City, town, or county) (State) Sneedville, Tenn.

DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE Helen R. Mayer
24. FUNERAL DIRECTOR Frank Newell, Pikesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04553

CERTIFICATE OF DEATH

Reg. Dist. No. 4F

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; MARYLAND; LENGTH OF STAY (In this place) 38 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balt.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 606 Bosley Avenue

3. NAME OF DECEASED (Type or Print): (First) ETHAN (Middle) A. (Last) MOODY

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2-6-87

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Moody

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 212-10-3231

17. INFORMANT: Clin.Rec.Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INFARCT	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS OF CORONARY ARTERY	unknown
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-, 1949, to 5-8-, 1949, that I last saw the deceased alive on 5-8-, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE H. C. Managhan (Degree or title) H. C. MANAUGH, M. D., ADDRESS CHIEF, PROFESSIONAL SERVICES, FORT HOWARD, MARYLAND DATE SIGNED 5-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 5/11/49; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/10/49; REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook, ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04554

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Sprpng Grove Hosptital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1308 Barge Ct

3. NAME OF DECEASED (Type or Print) (First) Elmer Mooney (Middle) (Last)

4. DATE OF DEATH (Month) May 20 (Day) 49 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12 12 1893
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alexander T Mooney
14. MOTHER'S MAIDEN NAME Lydia Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — 12 days.

30a (c) Hypertensive Cardiovascular disease — prior to Jan 49

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Tabo. Paresis — Prior to Jan 49

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 3, 1949, to May 20, 1949, that I last saw the deceased alive on 20 May 1949, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE William A Lyon (Degree or title) M.D. ADDRESS SPRING Grove State Hosp. DATE SIGNED 20 May 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 24/49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2008 Orleans

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04555

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md. — LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md.
STREET ADDRESS (If rural give location) 5828 Westwood Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) P. (Last) OCONNOR

4. DATE OF DEATH: (Month) May (Day) 25th (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1874 (APRIL)

9. AGE last birthday: 75 yrs. — If under 1 year: Months 1, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John O'Connor

14. MOTHER'S MAIDEN NAME: Annie Balster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Catherine Seifert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic Heart Disease	15 years
	(c)	

443
934

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to May 25, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Adam Stevens, M.D. — 6222 Belair Rd — May 26, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 5/27/49 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Eastern Ave.

DATE REC'D BY LOCAL REG.: 5/27/49 — REGISTRAR'S SIGNATURE: [illegible] Frederick

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

1949
75
1874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04556

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md. / LENGTH OF STAY (In this place) 45 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1002 Leeds Ave	STREET ADDRESS (If rural give location) 1002 Leeds Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
W.	Frank	Ogle	May	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	4/3/1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auctioneer	Hay Co.	Centerville Iowa	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Ogle	Harriet McCreary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	—	Mrs Edith J. Ogle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 hours
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1948 to 5/27, 1949, that I last saw the deceased alive on 5/27, 1949 and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. Shanahan M.D. ADDRESS 1945 W. Baltimore St DATE SIGNED 5/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/31/49	New Cathedral Cem.	4300 Old Frederick Rd.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 28 1949	R.W. Andrew	John J. Cowan & Son	900 Hollins St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04557

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8208 Bullneck Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 8208 Bullneck Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) A. (Last) Osmanski

4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH Aug. 16, 1948
9. AGE last birthday yrs. If under 1 year Months. 9 Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Stanley T. Osmanski
14. MOTHER'S MAIDEN NAME Angelena Duclos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Stanley T. Osmanski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Spina bifida + Meningocele — 9 mos

Antecedent cause(s)

752 157a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hydrocephalus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) N.A.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949 to May 18, 1949, that I last saw the deceased alive on May 14, 1949 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE N. B. Davis MD (Degree or title) ADDRESS 3 Kinship Rd. Dundalk 22 Md DATE SIGNED 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 21, 1949
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) Baltimore Co., (State) Md.

DATE REC'D BY LOCAL REG. 5/20/49
REGISTRAR'S SIGNATURE N. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1949
BUREAU V. S.

04558

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown Rural
LENGTH OF STAY (in this place) 36 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Black Rock Road - nr Butler

3. NAME OF DECEASED (Type or Print) (First) William Franklin (Middle) (TWIN #1) (Last) Patterson

4. DATE OF DEATH (Month) May (Day) 31 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH May 29-1949
9. AGE last birthday X yrs. If under 1 year Months Days -2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (State or foreign country) X
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME not given
14. MOTHER'S MAIDEN NAME Mable May Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. X
17. INFORMANT Mable May Patterson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inanition	36 hrs
Antecedent cause(s)	(b) Twin born dead (about 5 days)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) absorption.	

M30
158

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to May 31, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Cyril E. Fowble, M.D. ADDRESS Upperco, Md. DATE SIGNED May 31-1949.

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE May 31-'49 NAME OF CEMETERY OR CREMATORY Mt Zion U.B. LOCATION (City, town, or county) (State) Black Rock Road Balto. Md.

DATE REC'D BY LOCAL REG. 5-31-49 REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR J. F. Eline. Sons Rustistown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1949
BUREAU V. S.

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(04559)

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1yr, 10mths. 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1505 Linden Avenue

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) M. (Last) PEDDICORD ~~PETTICORD~~

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 21, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 5 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick McMahon

14. MOTHER'S MAIDEN NAME: Margaret Devon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	Indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic interstitial nephritis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1947, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville 28, Maryland DATE SIGNED 5/3/49

Isadore Tuerk, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL; DATE 5/5/49; NAME OF CEMETERY OR CREMATORY Cathedral Cemetery; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/4/49; REGISTRAR'S SIGNATURE A. W. Redgrave

24. FUNERAL DIRECTOR ADDRESS Chas F Evans & Son Inc 118 W Mt Royal ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Authorization taken from Undertaker.

Evidence for additional info. #10a, 14 is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04560

CERTIFICATE OF DEATH

Reg. Dist. No. 44

FILM No. G 12 MAY 16 1949

1. PLACE OF DEATH: COUNTY Baltimore STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 35yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7134 Martell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk - rural Baltimore
STREET ADDRESS (If rural, give location) 7134 Martell Avenue

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) (Last) Pencek
4. DATE OF DEATH: (Month) (Day) (Year) 5 - 2-49 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	3/7/1886	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Polish Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Pencek
14. MOTHER'S MAIDEN NAME Agetha Kopeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT -22 Mrs. Amelia Pencek- 7134 Martell Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho - Pneumonia	3 days
Antecedent cause(s) 420.0 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 Mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 2 19 49, to May 2 19 49, that I last saw the deceased alive on May 2, 19 49, and that death occurred at 10 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene R. Evans ADDRESS 1 Liberty Parkway DATE SIGNED May 3, 1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5/6/49	Christ, Lutheran Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/4/49	[signature]	HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04561

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place): 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: ~~Harford~~ Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville, Putty Hill Rd.
STREET ADDRESS (If rural give location): 19 Harrison Ave.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Florence (Last) Pennington

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan 20 1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months 3, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chrome Hill Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Strett
14. MOTHER'S MAIDEN NAME: Elizabeth Jane Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Alice M Hardy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 hrs

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 yrs

93d (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Ht. Disease

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan, 1949, to May, 1949 that I last saw the deceased alive on Apr 30, 1949 and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE: Joseph P. Crehan, (Degree or title) M D — ADDRESS: 30 Chandelle Rd — DATE SIGNED: May 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5-4-49 — NAME OF CEMETERY OR CREMATORY: Wm Watters Mem. — LOCATION (City, town, or county) (State): Cooptown Md

DATE REC'D BY LOCAL REG.: 5/1/49 — REGISTRAR'S SIGNATURE: Henry C. Crusse

24. FUNERAL DIRECTOR: Martin Grant — ADDRESS: Jarrettsville Md

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04562

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7409 Kenleigh Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 7409 Kenleigh Ave.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) B. (Last) Perkins

4. DATE OF DEATH (Month) MAY (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 1st 1906
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Store fixture
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mack Perkins
14. MOTHER'S MAIDEN NAME Fannie Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-5042
17. INFORMANT Mrs. J. B. Perkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	10 minutes
416 Antecedent cause(s)	(b) Pulmonary infarction, right base	20 days
95b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Rheumatic heart disease	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1948, to May 6, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Adam G Levin M.D. ADDRESS 6232 Belair Rd, Balto 6, DATE SIGNED May 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/9/49
NAME OF CEMETERY OR CREMATORY Moreland Park
LOCATION (City, town, or county) Balto. Co. (State) Md

DATE REC'D BY LOCAL REG. 5/9/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04563

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (In this place): 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hospital,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 612 N. Stockton St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	A	PIERCE	May	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	11-18-23	25 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore, Md.	USA

13. FATHER'S NAME: Eugene Chase

14. MOTHER'S MAIDEN NAME: Lena Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW II	unknown	Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) DIABETES MELLITUS	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 28, 1949, to May 28, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles A Shaw M D		VAH Fort Howard, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June2 1949	Baltimore, National Cemetery	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/49	L A Hedrick	Elroy O. Wilson	1000 Brantly Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04564

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Md — HOSPITAL OR INSTITUTION OR STREET ADDRESS 7101 Rich Hill Road Stoneleigh MARYLAND — LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 7101 Rich Hill Road COUNTY Stoneleigh — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Md. — STREET ADDRESS (If rural give location) 7101 Rich Hill Road Stoneleigh

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) E. (Last) Putman Jr

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: April 28 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days 23 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? Life

13. FATHER'S NAME: Robert E Putman Sr

14. MOTHER'S MAIDEN NAME: Felecite M. Le. Faivre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Robert E. Putman Sr 7101 Rich Hill Road Stonley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation due to aspiration of Vomitus — Interval between Onset and Death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 921.0 1958

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Stoneleigh — (COUNTY): Baltimore — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:A.1 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Green Jr. M.D. — ADDRESS: — DATE SIGNED: 5/22/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-24-49 — NAME OF CEMETERY OR CREMATORY: Mt. Hope — LOCATION (City, town, or county) (State): Woodsboro Md.

DATE REC'D BY LOCAL REG.: 5-24-49 — REGISTRAR'S SIGNATURE: A.W. Bedrick — 24. FUNERAL DIRECTOR: John C Moran — ADDRESS: 3000 E Baltimore St.

04565

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin's Aero. Plant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) A10 Alder Drive.

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) H. (Last) Reichert
4. DATE OF DEATH (Month) May (Day) 19 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-9-88
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer, Service
10b. KIND OF BUSINESS OR INDUSTRY Office (Martin)
11. BIRTHPLACE (State or foreign country) Reading, Pa
12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME Franklin Reichert
14. MOTHER'S MAIDEN NAME ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 188-09-3239
17. INFORMANT Glenn L. Martin Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory.
(CITY OR TOWN) Middle River (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-19-48 3 P.M.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Dropped dead at desk

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. W. McCarmine (Degree or title) M.D. Deputy ADDRESS Medical Examiner Balto. DATE SIGNED 5/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 21-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Reading, Pa (State)
DATE REC'D BY LOCAL REG. 5/20/49
REGISTRAR'S SIGNATURE Henry Cruese
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 4 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 120 JUN -1 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04566

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Wm (Middle) Reichert, (Last)

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 17 1910
9. AGE last birthday ~~39~~ 38 yrs. If under 1 year Months 5 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sweet Air Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Reichert.
14. MOTHER'S MAIDEN NAME Martha Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frederick Reichert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 h.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94 at

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12 30/A m., from the causes and on the date stated above.

SIGNATURE A. M. Frances (Degree or title) ADDRESS Parkton, Md. DATE SIGNED 5/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 18, 1949 NAME OF CEMETERY OR CREMATORY Goodwill LOCATION (City, town, or county) Rutledge Harford (State) Md.

DATE REC'D BY LOCAL REG. May 16, 1949 REGISTRAR'S SIGNATURE Mrs Howard S. Markline 24. FUNERAL DIRECTOR Martin G. Kurtz ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 20 1949
BUREAU OF S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04567

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Baltimore
LENGTH OF STAY (in this place) 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1223 Elm Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Arbutus
STREET ADDRESS (If rural give location) 1223 Elm Ridge Ave.

3. NAME OF DECEASED (Type or Print) (First) HANS (Middle) JACOB (Last) RICHTER
4. DATE OF DEATH (Month) MAY (Day) 18 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 16, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Moritz Richter
14. MOTHER'S MAIDEN NAME Hilda Brand.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. unknown.
17. INFORMANT Catherine Richter - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral accident	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years.
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1949, to May, 1949, that I last saw the deceased alive on 11 May, 1949, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE William Goodman (Degree or title) M.D. ADDRESS 1334 Sulphur Spring Rd. DATE SIGNED 18 May 49.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY-20-49
NAME OF CEMETERY OR CREMATORY WOODLAWN CEM
LOCATION (City, town, or county) WOODLAWN MD (State)
DATE REC'D BY LOCAL REG. 5/18/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs Chas A G Rohde ADDRESS 2327 Edmondson Ave

04568

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Parkville Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7818 Daniel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pkvle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 7818 Daniel Ave.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Rist
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-28-1882
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Constantine Rist
14. MOTHER'S MAIDEN NAME Margaret A. Lambert.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1904-1938
16. SOCIAL SECURITY No.
17. INFORMANT Miss Charlotte Rist - 7818 Daniel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.1 94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Accident - May 28-1948

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy, Inspection or~~ Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD - Dept. Med. Examiner - (Degree or title) ADDRESS Dundalk - Balto Co - Md. DATE SIGNED 5/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/11/49
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. 5/11/49
REGISTRAR'S SIGNATURE A. M. Bacon
24. FUNERAL DIRECTOR Leonard J. Ruck - 5305 Harford Rd. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 04569

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 748 W. Fayette St ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Molly	H.	Ross		May	4th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Feb 21 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Office Work	Muth Bro.	Frederick Md	

13. FATHER'S NAME Peter Ross

14. MOTHER'S MAIDEN NAME Magdalene Knipfs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Laura M. Schroeder R.H.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Accident	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 years
331 830	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1946, to May, 1949, that I last saw the deceased alive on 3 May, 1949, and that death occurred at 4.45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees	M.D.	Cockeysville	Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	May 7-1949	Mt. Olivet	Frederick	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/7/49	Laura M. Schroeder	Wm. Cook, St Paul & Preston St	

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04570

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 42 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1303 Argyle Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	A.	RUFF	May	11,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	5-20-1891	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundry Worker	Laundry	Harford County, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jessie Ruff	Martha Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-I	Unknown	Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Unknown

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

138

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-30-, 1949, to 5-11-, 1949, that I last saw the deceased alive on 5-11-, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Kavanaugh, M.D.	Chief Pro. Ser.	VAH,Ft.Howard, Md.	5-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-16-49	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/12/49	A.W. Hedrick	Mrs. Samuel Hemsley, 578 W. Biddle St. Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04571

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4506 Hampnett Avenue

3. NAME OF DECEASED (Type or Print): (First) AUGUST (Middle) (Last) SCHAEDEL

4. DATE OF DEATH: (Month) May. (Day) 19, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-12-1878

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Newark, N. J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Schaedel

14. MOTHER'S MAIDEN NAME: Ida Stubel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): P.I.

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Arteriosclerosis with occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5- , 1949, to 5-19- , 1949, that I last saw the deceased alive on 5-19- , 1949, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D. Act. Chief Pro. Ser. VAH, Ft. Howard, Md. 5-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF 5/21/49 | NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery | LOCATION (City, town, or county) (State): Irvington, New Jersey

DATE REC'D BY LOCAL REG. 5-20-1949 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Howard Blight, 6009 Harford Rd., Balto., Md.

Howard H. Blight 6009 Harford Rd. Balto-Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04572

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5302 Edmondson Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME MARY HENRIETTA SCHAEFFER

3. (b) Social Security Number 212-03-9943

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 25-1880

8. AGE:

Years	Months	Days	If less than one day
69 yr	2	27	..... hrs. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Embroidery

FATHER
12. Name John Schaeffer
13. Birthplace Baltimore Md.

MOTHER
14. Maiden name Katherine Thomas
15. Birthplace Germany

16. Informant Henry C Hinkle

Address 5302 Edmondson Ave Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24-1949 (month) (day) (year)

Cemetery or crematory London Park

Location Balto. City

18. Funeral director Mr & Mrs John W. Teufel & Son

Address 5311 Edmondson Ave

19. 5/23 1949 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21- 1949, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1- 1935, to 5-2- 1949 and that I last saw her alive on 5-20- 1949.

Immediate cause of death	DURATION
Organic Heart Disease	unknown
Due to	
Due to	
Other conditions	

4343
95 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chester Riland, M.D. M. D. or other

Address 2532 Edmondson Ave Balto City Date signed 5-21-49.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04573

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore Co. Chase Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave Chase Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md
STREET ADDRESS (If rural, give location) Eastern Ave

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) Wesley (Last) Scott

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1949

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH April 10, 1890 | 9. AGE last birthday 59 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Alexandria Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Scott | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT George J Scott Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.1 Antecedent cause(s) (b) Arterio-Sclerotic Cardio-Vascular disease — 5 mos

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE G. M. Baumgardner (Degree or title) ADDRESS Balto 6 DATE SIGNED 5-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 21/49 | NAME OF CEMETERY OR CREMATORY Sharp St Cem. | LOCATION (City, town, or county) Chase Md. (State)

DATE REC'D BY LOCAL REG. May 21st 1949 | REGISTRAR'S SIGNATURE R.W. L.W. Hedrick | 24. FUNERAL DIRECTOR Mrs. Robt. A. Elliott & Dyt ADDRESS 1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

104574

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 47 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural give location) 336 Main

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) G. (Last) Shaeffer

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Shaeffer

14. MOTHER'S MAIDEN NAME: Sarah Cursler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mary E. Shaeffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	3 yrs
	(c) arteriosclerosis	years

450.0 131.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-[illegible]-36, 19..., to 5-11-49, 19..., that I last saw the deceased alive on 5/10/49, 19..., and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Saffell ADDRESS Reisterstown Md. DATE SIGNED 5-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 13, 1949 | NAME OF CEMETERY OR CREMATORY: All-Saints | LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 5-12-49 | REGISTRAR'S SIGNATURE: Mary B. Kline.

24. FUNERAL DIRECTOR: J. F. Kline & Sons ADDRESS: Reisterstown, Md.

RECEIVED
MAY 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04575

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne | LENGTH OF STAY (in this place) 22 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 117 Ridge Avenue

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Elizabeth (Last) Slack
4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 22, 1900
9. AGE last birthday: 48 yrs. | If under 1 year: Months 11 Days 25 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Schoene, Sr.
14. MOTHER'S MAIDEN NAME: Anna W. Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles R. Slack — 117 Ridge Ave. Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 Hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Renal Disease due to Arteriosclerosis	2½ yrs
	(c)	

420.1
1310

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): — (COUNTY): — (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 27 Dec, 1946, to 17 May, 1949, that I last saw the deceased alive on 16 May, 1949, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward F. Milan M.D. 682 Washington Blvd Bgto 20 17 May 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-21-49
NAME OF CEMETERY OR CREMATORY: Lorraine Park
LOCATION (City, town, or county) (State): Baltimore County Md.

DATE REC'D BY LOCAL REG.: May 20 49
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: George L. Schwab
ADDRESS: 2101 Frederick Ave Baltimore, Md.

RECEIVED
MAY 23 1949
BUREAU V. S.

04576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Hanover & Ridge Rd.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) F. (Last) Smith
4. DATE OF DEATH (Month) May (Day) 28, (Year) 49

6. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Jan. 8, 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Weber
14. MOTHER'S MAIDEN NAME Anna Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	5 days
44 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C. V. D.	3 yrs
93d	(c) Kimmel-Steele Wilson Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1948, to 5-28, 1949, that I last saw the deceased alive on 5-27, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Estowell ADDRESS Catonsville DATE SIGNED 5-30

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/31/49
NAME OF CEMETERY OR CREMATORY Western Cem.
LOCATION (City, town, or county) (State) Balto, Md.

DATE REC'D BY LOCAL REG. 5/31/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114577

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 E. Susquehanna Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 108 E. Susquehanna Avenue

3. NAME OF DECEASED (Type or Print): (First) FREDERIC (Middle) O. (Last) SMITH
4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 14, 1857
9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Baltimore Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: Charlotte Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mrs. Margaret E. Bechtold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage. — Few hours

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis & Hypertension — Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~192~~ 8, to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE Hunt Green (Degree or title) M. D. ADDRESS Towson. Md DATE SIGNED 6/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 4, 1949 | NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery | LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: June 4-49 | REGISTRAR'S SIGNATURE: W. Carroll Van Hose, Deputy Local Registrar

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, Towson, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

104578

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): 84 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 323 S. Castle Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/4/14

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw mill

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Smith

14. MOTHER'S MAIDEN NAME: Barbara Fondron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis, bilat. far. adv. active — 1 Yr.

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

138

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Alcoholism, chr. Duration: Unknown
Psychosis, alcoholic (Korsakoff type) chr. severe, secondary to # 1. Duration: 3 Months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1949, to 5/21, 1949, that I last saw the deceased alive on 5/21, 1949, and that death occurred at 11:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. C. Pugh, M.D.

ADDRESS: VAH, FORT HOWARD, MD.

DATE SIGNED: 5-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/24/49

NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG. 5/23/49

REGISTRAR'S SIGNATURE: H.W. Hedrick D.R.

24. FUNERAL DIRECTOR: Howard Blight, 6009 Harford Rd., Balto., Md.

ADDRESS: Howard M. Blight, 6009 Harford Rd. Balto - Md

04579

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltor — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burnside Farm, Ecclston — LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Rd & Park Hts. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burnside Farm, Ecclston
STREET ADDRESS (If rural, give location) Valley Rd & Park Hts. Ave

3. NAME OF DECEASED (Type or Print): (First) Myrl (Middle) (Last) Smith.

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 19, 1891

9. AGE last birthday: 58 yrs.

If under 1 year: Months 2 Days 20 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Smith.

14. MOTHER'S MAIDEN NAME: Clara Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War #1

16. SOCIAL SECURITY No. None

17. INFORMANT: Nora Mae Smith (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V. Disease	5 yrs.
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) None. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. D. Caples, M.D. (Degree or title) Deputy Med. Examiner — ADDRESS: Reistertown, Md — DATE SIGNED: May 9 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-11-'49. — NAME OF CEMETERY OR CREMATORY: Pikesville — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5-11-49 — REGISTRAR'S SIGNATURE: Dr E E Nichols per mm

24. FUNERAL DIRECTOR: Frank H. Newell — ADDRESS: Pikesville Md.

RECEIVED
MAY 13 1949
BUREAU V. S.

04580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1734 Bayard Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk - Rural Baltimore
STREET ADDRESS (If rural, give location) 1734 Bayard Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) EMMA EMLIA SNYDER

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1949 19

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 16,1910
9. AGE last birthday 39 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Western Electric
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August Pencek
14. MOTHER'S MAIDEN NAME Mary M ekolon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 816-03-5664
17. INFORMANT Edward C. Snyder -1734 Bayard Ave/22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inoperative carcinoma of the uterus and cervix	Approx. 9 mths.
171 Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1949, to May 20, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph R. Liberto, M.D.
ADDRESS 1011 N. Charles St, Baltimore 1, Md.
DATE SIGNED 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/23/49
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) (State) Baltimore, Md. 4-20-49

DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC
ADDRESS BALTIMORE - 13, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04581

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Admiral Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 50 Admiral Blvd.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Alice (Last) Spooner

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wd

8. DATE OF BIRTH: May 22/1896

9. AGE last birthday: 53 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Reinfels

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Lawrence H. Spooner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	3 days
170 Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized carcinomatosis	± 6 mos
	(c) Carcinoma of left breast	± 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to 29 May, 1949, that I last saw the deceased alive on 27 May, 1949, and that death occurred at 4.45 p m., from the causes and on the date stated above.

SIGNATURE: Fred B Agee Jr (Degree or title) M. D. ADDRESS 2843 St Paul St DATE SIGNED 30 May 49.

23. ~~BURIAL~~, CREMATION, ~~REMOVAL (Specify)~~ DATE June 1 1949 | NAME OF ~~CEMETERY~~ OR CREMATORY Greenmount | LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. May 31-1949 | REGISTRAR'S SIGNATURE W. M. Kelly Jr

24. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher, Dundalk, Md.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04582

Reg. Diat. No. 47

1. PLACE OF DEATH:
County: Baltimore
City or town: Arbutus
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: 1325 Maple Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Arbutus
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1325 Maple Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Eleanora Steffee

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Albert Steffee
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 15, 1859

8. AGE: Years	Months	Days	If less than one day
89	6	21	....hrs. ....min.

9. Birthplace: Balto. Md (Town, county, and state)
10. Usual occupation: H. W.
11. Industry or business: Own home

FATHER
12. Name: Leonard Myers
13. Birthplace: Germany

MOTHER
14. Maiden name: Marion Smith
15. Birthplace: Md.

16. Informant: Mr. Albert Steffee, Jr.,
Address: 1325 Maple Ave. Arbutus, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9/49 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.

18. Funeral director: Harry A. Wirtz
Address: 4101 Edmondson Ave.

19. 5/9 19 49 A. W. Hedrick Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6/49 19 , at 7:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/1 19 49 to 5/6 19 49 and that I last saw h— alive on 5/6 19 49

Immediate cause of death	DURATION
Carcinoma of colon	4 mons
Due to	
Due to	
Other conditions	

153
46e (Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Benjamin Miller M. D. or other
Address: 1030 Wilkens Ave. Date signed: 5/9/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04583 38

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 Murdock Road.	STREET ADDRESS (If rural, give location) 78 Murdock Road

3. NAME OF DECEASED (Type or Print) (First) RUDOLPHINE (Middle) (Last) STRUHS				4. DATE OF DEATH (Month) May 22 (Day) 1949 (Year) 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Sept.26,1864	9. AGE last birthday 84 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Edna Morlock, 78 MurdockRoad		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 day

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease — 20-May-46

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20-May, 1946, to 22-May, 1949, that I last saw the deceased alive on 22-May, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas W Edmonds M D		2746 The Alameda	23-May-1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 5/23/49	NAME OF CEMETERY OR CREMATORY Lutheran	LOCATION (City, town, or county) (State) Brooklyn, N.Y.
DATE REC'D BY LOCAL REG. 5/23/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR William Cook, Inc., 1217 St. PaulSt	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04584

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural give location): Westminster Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) C. (Last) Sullivan

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 9, 1876

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isaac Sullivan

14. MOTHER'S MAIDEN NAME: Mary Jane Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 215-28-5722

17. INFORMANT: Mrs. Carroll Sullivan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of stomach — 6 mos.

151
46 d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?: None

22. I hereby certify that I attended the deceased from 5-3-, 1949, to 5-28, 1949, that I last saw the deceased alive on 5-28, 1949, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples — (Degree or title): M.D. — ADDRESS: Reisterstown Md. — DATE SIGNED: May 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 31, 1949 — NAME OF CEMETERY OR CREMATORY: Finksburg — LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG.: 5-31-49 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline Sons — ADDRESS: Reisterstown, Md.

RECEIVED
JUN 6 1949
BUREAU V. S.

04585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4V

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS 425 F Street	STREET ADDRESS (If rural, give location) 425 F Street

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) Ann (Last) Swope

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept. 6, 1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Thompson

14. MOTHER'S MAIDEN NAME: Henrietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Richard Small

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of bronchus.	8 mos.
163 Antecedent cause(s)		
470 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.1, 1948 to 5.6, 1949 that I last saw the deceased alive on 5.5, 1949, and that death occurred at 6:30a m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 520 D St. Sp Pt, 19, Md DATE SIGNED: 5.6.49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 9, 1949 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park — LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: 5/9/49 — REGISTRAR'S SIGNATURE: [signature] Dr — 24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH 04586

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm. Hosp. Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1015 Edmondson Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) CLIFTON (Middle) H. (Last) TAYLOR

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-28-05

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Taylor

14. MOTHER'S MAIDEN NAME: Blanche Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Vet.Adm. Clinical Records, Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombosis of basilar artery	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) unknown	
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1949, to May 28, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE Milton Ginsberg
(Degree or title) MILTON GINSBERG, M.D.
ADDRESS VETERANS ADMINISTRATION FT. HOWARD, MD.
DATE SIGNED 5-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 1, 1949
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG. 6/1/49
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: George H. Holland
ADDRESS: 1631 Druid Hill Ave. Balto

✓ 98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04587

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp. Ft. Howard, Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1817 N. Washington St.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) R. (Last) TENLEY

4. DATE OF DEATH (Month) May 14 (Day) (Year) 1949

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-30-1890
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): steam fitter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Tenley
14. MOTHER'S MAIDEN NAME: Mary Mersman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: 213-01-0386
17. INFORMANT: Clinical Rec. Vet.Adm. Hosp. Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Nephritis	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

592
131 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 7:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): HORACE B. CHAPIN, MD. OFFICER OF DAY — ADDRESS: VETERANS ADMINISTRATION FT. HOWARD, MD. — DATE SIGNED: 5-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/17/49
NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery
LOCATION (City, town, or county) (State): Balto.Md.

DATE REC'D BY LOCAL REG.: 5/16/49
REGISTRAR'S SIGNATURE: A. W. Hedrich
24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck 5305 Harford Rd. Balto.Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1948
78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04588

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
STREET ADDRESS (If rural, give location): Dooley Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Savena	Sarena	Thompson		May	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W		Oct. 25, 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Beeto Co. Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kemp	Rachel Storms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Garrett E. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary congestion	1 day -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of femur - (Accident)	3 days -
	(c)	

903.0
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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Anemia + Shock.)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Fall	Home	Cockeysville	Balto	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
5	18	49	m.		Fell on rug -

22. I hereby certify that I attended the deceased from 5/18, 1949, to 5/22, 1949, that I last saw the deceased alive on 5/22, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer C. Ensor	M.D	Cockeysville Md.	5/23/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 25 1949	Mt. Carmel	Mt. Carmel, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/49	Wilmer C. Ensor	Landon M. Brooks, Sparks	Md.

RECEIVED
MAY 26 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH (Bc

2411 N. Charles Street, Baltimore

04589

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2yr-2mo-5das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-18
STREET ADDRESS (If rural give location) 3204 Avon Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Price (Last) Timanus
4. DATE OF DEATH: (Month) 5 - (Day) 12 - (Year) 19 49
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 9-6-1876
9. AGE last birthday: 72 yrs. If under 1 year: Months 8 Days 6 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: M. Webster Price
14. MOTHER'S MAIDEN NAME: Ellen Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, right, undiagnosed	15 days
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac dilatation	indefinite
	(c) Hypertensive cardiovascular disease	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributiog to the death but not related to the disease or condition causing death. Arterioscleratic cardiovascular disease — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-, 1947, to 5-12, 1949, that I last saw the deceased alive on 5-12-, 1949, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland DATE SIGNED 5-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5/14/49
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county) (State): Woodlawn
DATE REC'D BY LOCAL REG.: 5/12/49
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Stewart Mortuary
ADDRESS: Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

014590

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (In this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1035 Homewood Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	JOSEPH	TIMMINGS	5	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	11-1-91	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Baltimore, Maryland	USA

13. FATHER'S NAME: John Timmings

14. MOTHER'S MAIDEN NAME: Anna Ready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW I	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL INFARCTION	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1 94a)	(b) ARTERIOSCLEROSIS, GENERALIZED	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 18 1949, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, FORT HOWARD, MARYLAND 5-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 21, 1949	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/49	A. W. Hedrick	E. W. Conklin & Son	924 E. Eager St. Baltimore, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

04591

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural give location) 75 Main

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) L. (Last) Tinkler

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 17, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Tinkler

14. MOTHER'S MAIDEN NAME: Anna Falstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Ila Ducker Mathias

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestional Obstruction	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V. Disease.	10 yrs.
	(c) Mesenteric Thrombosis.	2 days

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none. 19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN): none. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10-28, 1939, to 5-20, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: D. D. Copley (Degree or title): M. D. ADDRESS: Reisterstown DATE SIGNED: 5-21-'49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: May 23, 1949 NAME OF CEMETERY OR CREMATORY: Reisterstown Methodist LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 5-22-49 REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline Sons ADDRESS: Reisterstown, Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

Evidenc for change in age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04592

FILM No. G 121 JUL -7 1949

Reg. Dist. No. 38 7

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 W. Alleghany Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 405 W. Alleghany Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ELSIE	E.	TUCKER		May	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Married	May 20, 1894	54 ~~55~~ yrs.	11	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	

13. FATHER'S NAME: William H. Williams

14. MOTHER'S MAIDEN NAME: Elizabeth Ackerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Collapse — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

241
112

(b) Bronchial Asthma (Allergic) Dust

(c) Myocardial Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Died during an attack of Asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on May 12th, 1949, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel of St. Thos. Jenifer M. D. Towson 4. May 13th 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/16/49	Parkwood Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 14th 1949	R. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 18yrs-17days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 413 East Biddle Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elsie	Smith	Uniddinico	5 -	2 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	divorced	1904?	45 yrs.	?	?		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Baltimore	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right lower lobar pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 443 108	(b) Cerebral vascular accident	7 days
	(c) Hypertensive cardiovascular disease	indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-15, 1931, to 5-2, 1949, that I last saw the deceased alive on 5-2-, 1949, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Catonsville-28, Md. DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, Spring Grove State Hospital 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/5/49	Mouland Park	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/49	R. W. Hesselius	Wilson Funeral Home	1210 Druid Park Dr

04594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Harford Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): Nine (9) yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural give location): 616 Stoker Street

3. NAME OF DECEASED (Type or Print)	(First) Leopold	(Middle) (NMI)	(Last) Vincenti	4. DATE OF DEATH	(Month) May	(Day) 26	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separated	8. DATE OF BIRTH: ? - ?-1893	9. AGE last birthday: 55 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Building constr.	11. BIRTHPLACE (State or foreign country): Rome, Italy	12. CITIZEN OF WHAT COUNTRY? U.S. (?)				
13. FATHER'S NAME: Jose Vincenti (also spelled Giosue)	14. MOTHER'S MAIDEN NAME: Frances Torisioni						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs Angela Tarquini (Sister)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 min.
420.1 Antecedent cause(s)	Coronary heart disease (several previous attacks)	1 yr.
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic hypertrophy with urinary retention	6 mo.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paranoid schizophrenia	9 yrs.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: - - - - - -	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): - - - -	(CITY OR TOWN) (COUNTY) (STATE): - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from March 22, 1940, to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Fink, M.D. (Degree or title) — ADDRESS: Spring Grove State Hospital, Baltimore 28, Md. — DATE SIGNED: May 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 30-49	NAME OF CEMETERY OR CREMATORY: Mt. Erin	LOCATION (City, town, or county) (State): Havre de Grace Md
DATE REC'D BY LOCAL REG.: 5/26/49	REGISTRAR'S SIGNATURE: V. E. Harry	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04595

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Dog at Taylor ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 8 Homeland Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		Vogler	May	1	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White.	Married	Oct. 14-1918	30 yrs.	6	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Worker.		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Vogler	Margaret Louise Klumpp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Wm. Vogler.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Compound Fracture base Skull.	Immediate.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed lower chest Rt side	
812.5 170 C	(c) Fracture several rib.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Essex	Balto.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
5	1	1949	3:40 P.M.			Hit by automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm Carmine M.D.	Deputy Medical Examiner	Balto. Co. Dundalk, Md	5/7/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/4/49	Parkwood.	Taylor ave.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/4/49	Henry Crone	John D Connelly.	Essex 4, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 6 1949
BUREAU V. S.

Evidence for change of age is on:

FILM No. G 120 MAY 16 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04596

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL FREELAND — LENGTH OF STAY (in this place): 10 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOSEPH EDWARD WALTER SR.

4. DATE OF DEATH (Month) (Day) (Year): MAY 4 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓

8. DATE OF BIRTH: SEPT 12-1876

9. AGE last birthday: 72 ~~73~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL STORE

10b. KIND OF BUSINESS OR INDUSTRY: MERCANTILE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JOSEPH E WALTER

14. MOTHER'S MAIDEN NAME: HANNAH ANNE CRESWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS MABEL M WALFER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery disease

420.1

Antecedent cause(s)

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 9 30 m., from the causes and on the date stated above.

SIGNATURE: A. M. France (Degree or title) M.D. — ADDRESS: Parkton, Md. — DATE SIGNED: 5/5/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: MAY 6-1949 — NAME OF CEMETERY OR CREMATORY: MT TABOR — LOCATION (City, town, or county) (State): HARFORD COUNTY

DATE REC'D BY LOCAL REG.: May 5, 1949 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR: Howard S. Markline — ADDRESS: White Hall, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
MAY 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04597

CERTIFICATE OF DEATH

Reg. Dist. No. B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Paradise Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 5 Paradise Ave

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) E (Last) Watts

4. DATE OF DEATH: (Month) May (Day) 20th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/9/1878

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James T. Milburn

14. MOTHER'S MAIDEN NAME: Mary Hewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Bertie Milburn 5 Paradise Ave Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac dilitation — Interval Between Onset and Death:

421.4 Antecedent cause(s) (b) Chronic Valvular Heart disease — 5 years

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1945, to May 20, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William H. Pearce 2105 N. Charles St May 21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/24/49 — NAME OF CEMETERY OR CREMATORY: Poplar Hill — LOCATION (City, town, or county) (State): St. Marys Co. Md.

DATE REC'D BY LOCAL REG. 5/23/49 — REGISTRAR'S SIGNATURE: H W Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04598

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. Chesapeake Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural, give location) 117 W. Susquehanna Avenue

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) GILBERT (Last) WEIS

4. DATE OF DEATH (Month) May (Day) 10, 1949 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan. 6, 1865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Harford Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles L. Gilbert
14. MOTHER'S MAIDEN NAME Rose Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Margaret Weis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Paraplegia) — INTERVAL BETWEEN ONSET AND DEATH: 15 days

Antecedent cause(s) (b) Myocardial Insufficiency Arrythmia

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility. General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast removed 5 yrs ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25th, 1949, to May 10th, 1949, that I last saw the deceased alive on May 10th, 1949, and that death occurred at 10.30 p.m., from the causes and on the date stated above.

SIGNATURE Daniel of St. Thos. Jenifer (Degree or title) M.D. ADDRESS Towson 4. DATE SIGNED Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 13, 1949
NAME OF CEMETERY OR CREMATORY Mt. Marie Cemetery
LOCATION (City, town, or county) Towson, Maryland (State)

DATE REC'D BY LOCAL REG. 5/16/49
REGISTRAR'S SIGNATURE W. Carroll Van Horn Deputy Local
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

04599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Pikesville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Pikesville Md (If outside city or town limits, write RURAL and give nearest town)

Street No. 130 Slade Air (If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Louis J. Wenzel

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Sally Wenzel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 4th, 1864

8. AGE: Years: 85 Months: 2 Days: 19 If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business:

FATHER

12. Name: Berhard Wenzel

13. Birthplace: Germany

MOTHER

14. Maiden name: Wolf

15. Birthplace: Unknown

16. Informant: Mrs Charles Hagen

Address: 3027 E. Monument Street

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 5-26-49 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: North Avenue and Bose Street

18. Funeral director: Frederick D. Miller, Inc

Address: 3019 E. Monument Street

19. 5-23-49 (Date rec'd by registrar) 19 Dr E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 1949, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Several Years 19 ..., to May 23 1949 and that I last saw him alive on May 22 1949

Immediate cause of death: Arteriosclerosis

Due to: Senility

Due to:

Other conditions: None

DURATION

450.0 (Include pregnancy within 3 months of death)

Major findings of operations: 97

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E E Nichols MD M. D. or other

Address: Pikesville 8 Md Date signed: 5-23-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 26 1949
BUREAU T. S.

CERTIFICATE OF DEATH

Registered No. 30

04600

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Urias T. Whitmer

2. DATE OF DEATH: May 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — The Home in the Pines Catonsville Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Pines 16 Fusting Ave.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 115 Sanford Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Sept. 8, 1868
9. AGE (In years last birthday): 80 yrs. — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Whitmer
14. MOTHER'S MAIDEN NAME: Harriett Starett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. I. W. Doub — ADDRESS: Catonsville 115 Sanford Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) # Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

DUE TO

ANTECEDENT CAUSES

177
51b

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardio Vas. Disease

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1949, *to* May, 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lester A. Hall Jr. MD — M. D.
23B. ADDRESS: 2950 Edmondson Ave
23C. DATE SIGNED: 5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/30/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5/24/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04601

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg, Md. — LENGTH OF STAY (in this place): 25 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Ridge Road

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) P.	(Last) WILLHEIM, Sr.	4. DATE OF DEATH	(Month) 5	(Day) 4	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 12/11/82	9. AGE last birthday: 66 yrs.	If under 1 year: Months 4, Days 23	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Willheim	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Mrs. J.P. Willheim					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	11 days
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Hypertensive Disease	2 years
	(c) Arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1947, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Michael J. Dausch M.D.		1 W. Overlea Ave. Baltr. 6, Md.	5-5-49

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 5/8/49	NAME OF CEMETERY OR CREMATORY: St. Peters Lutheran	LOCATION (City, town, or county) (State): Fullerton, Md.
DATE REC'D BY LOCAL REG.: 5/6/49	REGISTRAR'S SIGNATURE: A. W. Hazdrick	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0460244

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1207 Rosedale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) 1207 Rosedale Ave

3. NAME OF DECEASED (Type or Print) (First) George (Middle) E. (Last) Williams

4. DATE OF DEATH (Month) 5 (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/1/1865
9. AGE last birthday 83 yrs. If under 1 year: Months 8 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Cigar Maker
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Williams
14. MOTHER'S MAIDEN NAME Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Louise Williams 1201 Rosedale Ave Rosedale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	6 mo
723.0 Antecedent cause(s)	(b) Generalized Hypertrophic Arthritis	5 yr.
59.6 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13, 1946 to 5/25/49, that I last saw the deceased alive on 5/25/49, 19..., and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mitchell F. Kurkowski
ADDRESS 1016 S. East Ave
DATE SIGNED 5/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/28/49
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Eastern Ave. Extended

DATE REC'D BY LOCAL REG. 5/27/49
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04603

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8 | LENGTH OF STAY (In this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Clagnohon Ave Pikesville 8, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonburg
STREET ADDRESS (If rural give location) 449 West Bruce St.

3. NAME OF DECEASED (Type or Print): (First) Angeline (Middle) none (Last) Wilson
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 20 Sept. 1872
9. AGE last birthday: 76 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): A.W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mathias, West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. a
13. FATHER'S NAME: William S. Wetzel
14. MOTHER'S MAIDEN NAME: ? Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clarence Wilson - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 48 hours

Antecedent cause(s) (b) Arteriosclerotic H.C.V.D.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

4143 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 May, 1949, to 30 May, 1949, that I last saw the deceased alive on 30 May, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles H. Williams M.D. Pikesville 8, Md. 30 May 49

23. BURIAL, CREMATION REMOVAL (Specify) TRANSIT | DATE MAY 31 1949 | NAME OF CEMETERY OR CREMATORY LINDSAY & SON | LOCATION (City, town, or county) (State) HARRISONBURG VA.
DATE REC'D BY LOCAL REG. 5/31/49 | REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS
JOHN T. STANSBURY 2700 EDMONDSON AVE

VS. A15

Evidence for change of residence is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 04604

FILM No. G 121 JUL -7 1949

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson; LENGTH OF STAY (in this place) 1 yr. 1 mo. 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Balto.~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville - 1604 E. Oliver St.; STREET ADDRESS (If rural, give location) ~~2900 Onyx Ave.~~ - Baltimore ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roland	G.	Wilson	May	31	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	If under 24 hrs. Days	Hours	Min.
Male	White	Sep.	5/7/12	37 yrs.		24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Checker		Balto., Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Wilson	Estelle O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	705-12-6064	Roland G. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	17 mos.
Antecedent cause(s) (b)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

002 13.b

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/9/48, 19....., to 5/31/, 1949., that I last saw the deceased alive on May 31, ..., 19 49 and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stewart S Shaffer M.D.	Mt. Wilson, Md.	5/31/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/4/49	Louden Park	3801 Fred. Ave., Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/31/49	Helen R. Mayer	Geo. J. Ruth,	1735 Harford Ave. Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

On admission address was 1604 E. Oliver St., however during his stay at the Sanatorium his family moved to 2900 Onyx Ave., Parkville, Md.

Letter from Dr. Shaffer - 7-5-49
ams

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04605

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas — LENGTH OF STAY (in this place): 52 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas, Md.
STREET ADDRESS (If rural, give location): Railroad Ave

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) SURNAME WHYE ON B.C. (Last) Winder Jr.

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Want
8. DATE OF BIRTH: April 6, 1949
9. AGE last birthday: yrs. — If under 1 year: Months 1, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl Whye
14. MOTHER'S MAIDEN NAME: Clara Elizabeth Winder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: " (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 1 day

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Evidently premature birth, weight about 5 lbs

107 (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robin C. Hudson Mt., (Degree or title) D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 5/31/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 2, 1949 — NAME OF CEMETERY OR CREMATORY: Bazil A.M.E. — LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REG.: June 2-49 — REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Landon M. Brooks — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04606

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6103 Falls Road.	STREET ADDRESS (If rural, give location) 6103 Falls Road

3. NAME OF DECEASED (Type or Print)	(First) LUCRETIA M.	(Middle) WOLFE	(Last)	4. DATE OF DEATH	(Month) May	(Day) 20	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan.25,1892	9. AGE last birthday 57 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Penna	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME A.F.Sanders	14. MOTHER'S MAIDEN NAME Mary Shelley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. -	17. INFORMANT Charles G. Wolfe,6103 Falls Road.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar pneumonia, left. Terminal	4 days
352 Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Paralysis, Arms & Legs.	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1944, to 5/20, 1949, that I last saw the deceased alive on 5/20, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bennett A. Stoen	MD.	Lutherville,	5/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/23/49	NAME OF CEMETERY OR CREMATORY Black Rock	LOCATION (City, town, or county) (State) Butler, Md.
DATE REC'D BY LOCAL REG. 5/23/49	REGISTRAR'S SIGNATURE Geo. Hedrich	24. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of birthdate is shown on
Film G120 5/17/49 js Birth Certificate on file here.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04607

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Back River near Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2001 Barclay Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	CARROLL	WRIGHTSON	5/5/49		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12/25/1434	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrical Insc.		Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Wrightson	E. Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		436 East 20th Street Mrs. K. Inez Wrighton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	
Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

929.8
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Back River	Balto Co.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☑, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Davis	M.D.	Dept. Med. Exam. - Dundalk - Md.	5/6/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/7/49	Loudon Park	City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/49	H. W. Hedrick	WIEDEFELD & SON	GREENMOUNT AVE & 22ND

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04608

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Rodgers Forge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Rodgers Forge
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 527 Murdock road
(If rural, give LOCATION)

2.(a) If veteran, name war: ----

3.(a) FULL NAME: EDWARD J. ZELLERS

3.(b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Alice Roberts Zellers

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 27, 1884

8. AGE: Years	Months	Days	If less than one day
64	10	29	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Clerk (Retired)

11. Industry or business: B. & O. RR.

FATHER
12. Name: John S. Zellers
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary C. Wehr
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Alice Roberts Zellers
Address: 527 Murdock road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 30, 1949 (month) (day) (year)

Cemetery or crematory: ~~Holy Redeemer~~ New Cathedral

Location: Baltimore Md.

18. Funeral director: Chas. F. Evans & Son Inc.

Address: 118 N. Mt. Royal Ave.

19. 5/27 1949 (Date rec'd by registrar) A. W. Hedrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 1949, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1948 to May 26 1949 and that I last saw him alive on May 11 1949

Immediate cause of death	DURATION
Cerebrovascular hemorrhage	2 minutes
Due to Hypertension and arteriosclerosis	5 yrs (?)
Due to	
Other conditions	

331
83a
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Franklin E. Fiske M. D. or other

Address: 1101 St Paul St Date signed: May 27, 1949

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Chas. H. Reier
6701 York road Ever. 917

1161 St. Paul

04609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred: Ingleside ave.

How long in hospital or institution? 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Randallstown (If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME: Peter Preston Zepp

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Daisy Zepp

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): March 5, 1876

8. AGE: Years	Months	Days	If less than one day
73	2	6	..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER
12. Name: Artimus Zepp
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Miller
15. Birthplace: Md.

16. Informant: Mrs Daisy Zepp

Address: Randallstown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 5-13-49 (month) (day) (year)

Cemetery or ~~crematory~~: Springfield

Location: Sykesville, Md.

18. Funeral director: C. H. Weer

Address: Sykesville, Md.

19. May 12 1949 (Date rec'd by registrar) V. E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11 May 1949, at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1948, to 11 May 1949 and that I last saw him alive on April 20 1949

Immediate cause of death	DURATION
~~Cbr~~ Cerebral hemorrhage	30 minutes
Due to: Arteriosclerosis, generalized	Unknown
Due to: ?	
Other conditions: Left hemiplegia	3 yrs

231
83a

(Include pregnancy within 3 months of death)

Major findings of operations: -

Date of op.: -

Autopsy results: -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Stephen Lee Magness MD (M. D. or other)

Address: Catonsville 28, Md. Date signed: 11 May, 1949

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 1949
BUREAU V. S.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04610

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1134 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural give location) 1134 Ingleside Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ann (Last) Zoeller

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec. 25, 1859
9. AGE last birthday 89 yrs. If under 1 year: Months 4 Days 22 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Smith
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Raymond Lohn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 days.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart Disease	6 mos.?
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma — 6 mos?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1949, to 5-17, 1949, that I last saw the deceased alive on 5-14, 1949, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE Roger C. Urban (Degree or title) M.D. ADDRESS 803 Ford Ave Catonsville 28 DATE SIGNED 5.17.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-20-49
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5/18/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave. Balto. Md.

RECEIVED
MAY 21 1949
BUREAU V. S.